

Coordinated Public Transit Human Services Transportation Plan

**Prepared by:
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Acknowledgements

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Introduction

Public transportation is a long-term and growing concern throughout the United States. For many low-income, elderly or disabled individuals, public transportation is the only means for accessing essential services, including medical care, social services support, vital retail needs (such as grocery stores), government centers, and educational facilities. Additionally, public transportation provides a means for those individuals without access to a car to reach employment and job-training opportunities. Federal, state, and local governments, private and public non-profit organizations, and commercial operators recognize the importance of public transportation services for low-income, elderly or disabled individuals by offering assistance, both in financial support and in the delivery of actual transportation.

The Federal government declared that it is essential to improve transportation for these sensitive populations in order to remove the barriers between individuals and the services necessary to help them maintain productive and independent lives. Historically, a major obstacle in efforts to improve services has been effective coordination between transit and human service programs. In the new federal transportation bill passed on August 10th, 2005 (the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, or SAFETEA-LU), Congress established a new requirement for the funding of projects under the Federal Transit Administration (FTA)'s Special Needs of Elderly Individuals and Individuals with Disabilities (5310), Job Access and Reverse Commute (5316) (JARC), and New Freedom (5317) programs. This requirement is for the designated recipients of these grants to approve for funding only those projects that are derived from a locally developed *Coordinated Public Transit-Human Services Transportation Plan (Coordinated Plan)*. The aim of the *Coordinated Plan* is to aid in creating unified transit services for the targeted populations in a region by helping to guide funding for projects that maximize the area-wide goals and eliminate redundancy in services offered by various transportation and human service entities. This plan will be developed through a process that includes consultation with representatives of public, private, and non-profit transportation and human service providers, as well as the public.

The Indiana Department of Transportation (INDOT) tasked the Indianapolis Metropolitan Planning Organization (IMPO) with preparing the *Coordinated Plan* for the Indianapolis region. The *Coordinated Plan* covers the Indianapolis Metropolitan Planning Area, which encompasses all or portions of Boone, Hamilton, Hancock, Hendricks, Johnson, Marion, Morgan, and Shelby counties (Figure I.1).

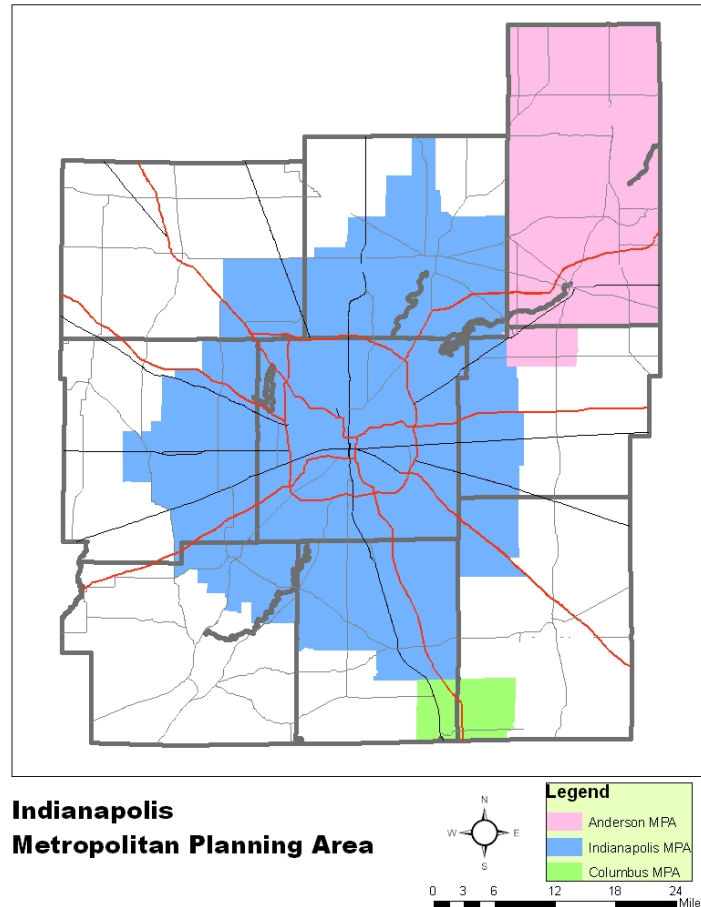


Figure I.1

Organization of the Coordinated Plan

In interim guidance published in the Federal Register on March 15, 2006, the FTA provided general recommendations for the organization and content of the *Coordinated Plan*. FTA recommended that preparers follow the *United We Ride Framework for Action* in developing the *Coordinated Plan*, and that the *Coordinated Plan* include, at a minimum:

- An assessment of transportation needs for individuals with disabilities, older adults, and persons with limited incomes;
- An inventory of available services that identifies areas of redundant service and gaps in service;
- Strategies to address the identified gaps in service;
- Identification of coordination actions to eliminate or reduce duplication in services and strategies for more efficient utilization of resources; and
- Prioritization of implementation strategies.ⁱ

The IMPO has elected to follow the general approach outlined in the *United We Ride Framework for Action* and will include the recommended minimum elements in the Indianapolis region *Coordinated Plan*. The remainder of this document contains six sections. Section one is a summary of the three grant programs the *Coordinated Plan* impacts. This section includes a listing of the designated recipients and contact information for each grant program. The second section is an overview of the methodology the IMPO employed in preparing the *Coordinated Plan*. An inventory of currently available transportation

services and a discussion of transportation needs for individuals with disabilities, older adults, and persons with limited incomes are the third section. This section includes a review of services available in individual counties within the region. This section also presents an overview of the region's demographic distributions for the elderly, the disabled, and those with limited incomes. The IMPO compared the geographical distribution of these populations against key transportation destinations (such as medical facilities or employment centers) and existing services to aid in the identification of gaps in services. Section four utilizes the assessment developed in section three to summarize existing gaps in services and to help form potential strategies to address these gaps. The fifth section contains the identification of coordination actions to eliminate or reduce duplication in services and strategies for a more efficient utilization of resources. Section six presents final recommendations for the implementation of the strategies developed in section five.

Section 1. Grant Program Overview

The three grant programs the *Coordinated Plan* impacts share similar overall goals of increasing mobility for sensitive populations, but they differ in the specific projects to which they apply. The primary distinctions between the Section 5310, New Freedom, and JARC programs is that, firstly, Section 5310 applies only to mobility services for the elderly and persons with disabilities, New Freedom solely targets services for people with disabilities, and JARC targets welfare recipients or low-income individuals. Secondly, the Section 5310 and New Freedom program funds apply to general mobility, in addition to job-related transportation, while JARC is limited to services that develop and maintain job-access and job-related transportation.

Section 5310 Program

Section 5310 funds are a form of financial assistance for transportation services planned, designed, and carried out to meet the special transportation needs of the elderly and persons with disabilities in all areas--urbanized, small urban, and rural. In Indiana, the current designated recipient for the Section 5310 Program is the INDOT. INDOT evaluates and grants Section 5310 to subrecipients Statewide. The IMPO assists the INDOT in this process.

Congress establishes the allocation levels for the Section 5310 Program through a formula based on the population of elderly and disabled individuals in a State. Table 1.1 contains the current levels (as of June 2006) of Section 5310 funding for the State of Indiana through Federal Fiscal Year (FFY) 2009. These figures are subject to change from potential future congressional rescission of funds.

Table 1.1. Allocations of Program Funds for Indiana				
Program	FFY06	FFY07	FFY08	FFY09
Section 5310	2,281,514	2,408,422	2,615,787	2,750,575
JARC	1,682,656*	2,428,364	2,630,728	2,774,069
New Freedom	1,159,776*	1,634,380	1,765,534	1,866,422

* see Table 1.2. Apportionment of Program Funds by Population for Indiana

Section 5310 Program funds are available to public bodies the State approves to coordinate services for the elderly and persons with disabilities; or public bodies which certify to the Governor that no non-profit corporations or associations are readily available in an area to provide the service. Local public bodies eligible to apply for Section 5310 funds as coordinators of services for elderly persons and persons with disabilities are those that the State designates to coordinate human service activities in a particular area.

Section 5310 Program Federal funds can fund no more than 80% of the total eligible capital and program administrative costs for approved projects. There is an exception to this ratio for vehicle-related equipment required by the Clean Air Act Amendments of 1990 (CAAA) or the Americans with Disabilities Act of 1990 (ADA). The Federal share is 90% for vehicle-related equipment required by the CAAA or ADA. Only the incremental cost of the equipment required by the ADA or CAAA may be funded at 90%, not the entire cost of the vehicle, even if the vehicle is purchased for use in service required by the ADA or CAAA.

According to FTA Guidanceⁱⁱ funds for the Section 5310 program are available for capital expenses to support the provision of transportation services to meet the special needs of elderly persons and persons with disabilities. Examples of capital expenses include, but are not limited to:

- “Vehicles;
- Radios and communication equipment;

- Vehicle shelters;
- Wheelchair lifts and restraints;
- Vehicle rehabilitation, manufacture, or overhaul;
- Preventive maintenance, defined as all maintenance costs;
- Extended warranties which do not exceed the industry standard;
- Microcomputer hardware and software;
- Initial component installation costs;
- Vehicle procurement, testing, inspection and acceptance costs;
- Lease of equipment when lease is more cost effective than purchase...;
- Acquisition of transportation services under a contract, lease, or other arrangement. Eligible capital expenses may also include, at the option of the subrecipient, the acquisition of transportation services under a contract, lease or other arrangement. Both capital and operating costs associated with contracted service are eligible expenses. User-side subsidies are considered one form of eligible arrangement. The State, as recipient, has the option to decide whether to provide funding for such acquired services. Funds may be requested for contracted services covering a time period of more than one year;
- The introduction of new technology, through innovative and improved products, into mass transportation; and
- Transit-related intelligent transportation systems.”

The INDOT Public Transit Section manages the Section 5310 Program for the State. This office can provide further information on the Section 5310 Program and the eligible expenses for the State.ⁱⁱⁱ

JARC Program

The JARC Program is intended to support the development and maintenance of job-access and job-related transportation services for welfare recipients and eligible low-income individuals. The JARC Program has no specific limitation for services for people with disabilities. Currently, the designated recipient for the JARC Program in the Indianapolis region is the Indianapolis Public Transportation Corporation (IndyGo). IndyGo is responsible for managing this program and selecting the subrecipient for grants (with the assistance of the IMPO) through a structured, competitive application process. For communities or areas in the State with populations under 200,000, INDOT serves as the JARC Program manager and will select all subrecipients for projects in those areas.

Congress allocates JARC funds through a formula apportioned by the population of welfare recipients and eligible low-income individuals. On a national level, for the JARC program, approximately 60% of the funds go to designated recipients in urbanized areas with populations over 200,000, 20% goes to states for urbanized areas with populations between 50,000 and 200,000, and 20% goes to states for non-urbanized areas. JARC funds may be transferred between urbanized areas with less than 200,000 in population and non-urbanized areas when the Governor certifies that all of the JARC objectives have been met in the area from which funds are to be transferred. While Congress allocates JARC funds Statewide, the Indianapolis region receives a separate, set amount of JARC. Table 1.1 summarizes the allocation of JARC funds through FFY 2009. Table 1.2 presents the appropriation divisions for the JARC program for the State by population. These figures are subject to change from potential future congressional rescission of funds. JARC funding also may change as it is subject to the congressional appropriations process.

Table 1.2. FFY06 Apportionment of Program Funds by Population for Indiana		
Area	JARC	New Freedom
Urbanized Area, Population 200,000 or greater (Indianapolis)	462,916	317,294
Urbanized Areas, Population 50,000 to 199,999	672,488	407,634

Non-urbanized Area, Population Less than 50,000	547,252	434,848
TOTAL	1,682,656	1,159,776

JARC Program Federal funds can fund 80% of capital expenses, 50% of operating expenses, and 100% of up to 10% of the apportionment available for planning, administration, and technical assistance. Non-U.S. Department of Transportation (U.S. DOT) Federal funds may be used as matching funds, if the funds permit their use for transportation.

JARC Program funding assistance may be provided for a variety of transportation services and strategies that are directed at addressing welfare recipients' and eligible low-income individuals' unmet transportation needs. Examples of the types of projects that may use JARC funds include, but are not limited to:

- Developing new or expanded transportation projects or services that provide access to employment opportunities;
- Promoting public transportation by low-income workers, including the use of public transportation by workers with non-traditional work schedules;
- Promoting the use of transit vouchers for welfare recipients and eligible low-income individuals;
- Promoting the use of employer-provided transportation, including the transit pass benefit program under section 132 of the Internal Revenue Code of 1986;
- Subsidizing the costs associated with adding reverse commute bus, train, carpool, van routes, or service from urbanized areas and other than urbanized areas to suburban workplaces;
- Subsidizing the purchase or lease by a non-profit organization or public agency of a van or bus dedicated to shuttling employees from their residences to a suburban workplace; and
- Facilitating public transportation services to suburban employment opportunities.

JARC capital funds may be used for "mobility management." In the interim guidance, FTA defines "mobility management" as "consisting of short range planning and management activities for projects for improving coordination among public transportation and other transportation services providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a government entity, under this section (other than sections 5309 and 5320); but excluding operating public transportation services." "Mobility management activities may not be used for the direct provision and operation of coordinated transportation services, including the scheduling, dispatching and monitoring of vehicles. FTA proposes the following as eligible mobility management activities:

- The development of coordinated plans;
- The support of State and local coordination policy bodies and councils;
- The maintenance and operation of transportation brokerages to coordinate providers, funding agencies and customers;
- The development and maintenance of other transportation coordination bodies and their activities, including employer-oriented Transportation Management Organizations, human service organization customer-oriented travel navigator systems and neighborhood travel coordination activities;
- The development and support of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs; and
- The acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Global Information Systems (GIS) mapping, coordinated vehicle

scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer pay systems.”

JARC Program funds are available for transportation services provided by public, non-profit or private-for-profit operators. IndyGo can provide further information on the JARC Program in the Indianapolis region.^{iv} INDOT’s Public Transit Section can provide additional information on the JARC Program in other areas of the State.

In the past, IndyGo twice received JARC funding for the IndyFlex service. Initial studies conducted for the applications (1998 and 2000) included information from surveys of IndyGo riders, to identify typical users and their needs, and other existing providers and planners, to develop strategies to improve services. IndyGo identified work trips by low-income individuals without access to a personal vehicle as the most frequent use of their system. Riders most frequent complaints about service were that it took too long to travel since riders had to go downtown to transfer to other lines and that there were too few bus stops that were too far apart. In 1998, they also determined that only 37% of the area employment was located within downtown Indianapolis; the rest of the employment was scattered throughout the suburbs. The 1998 study also found that the most affordable housing and highest density of low-income individuals were in Indianapolis, not near employment areas in the suburbs. This resulted in those individuals most needing access to jobs not having the ready ability to connect to the best employment locations. IndyGo determined to focus on several “service concepts” to improve job access for low-income individuals in Indianapolis. These concepts were to:

- “Re-focus service on workplaces, education, and job training locations and suburban activity centers,
- Retain a core system of fixed-route “traditional services,” and
- Create neighborhood zone services to feed the core system and provide local trips (i.e., smaller vehicles, flexible services).”

IndyGo established four tiers of priorities for actions to pursue with the JARC funding. Under the first grant, awarded in 1999, IndyGo focused on improving service to public housing communities within Marion County located north of Washington Street and the employment centers around the airport and in Park 100. For their second applications, IndyGo stated that they intended to continue their efforts in the first priority level, but also to expand service to the second priority level. In this level, IndyGo expanded service to other low-income housing communities in the remainder of Marion County and targeted employment zones in the areas of the Keystone I-70 Park, MedAmerica Corridor, Shadeland Corridor, Southside Corridor, and Highway 37 Northeast Corridor. As IndyGo has not submitted for additional funds since this time, the remaining priority levels have not been addressed. These levels were intended to begin extending service into the counties immediately surrounding Marion County.

New Freedom Program

The focus of the New Freedom Program is to provide improved transportation services and public transportation alternatives for people with disabilities. These services extend beyond those required by the ADA. FTA defines services beyond the ADA requirements to mean services not specifically required in the ADA and U.S. DOT implementing regulations. Services funded through the New Freedom Program must be in compliance with the ADA. New Freedom includes, but is not limited to, job-related transportation services.

On a national level, for the New Freedom Program, approximately 60% of the funds go to designated recipients in urbanized areas with populations over 200,000, 20% goes to states for urbanized areas with populations between 50,000 and 200,000, and 20% goes to states for non-urbanized areas.

INDOT is responsible for management of the New Freedom Program funds allocated to areas with populations under 200,000. IndyGo will manage the New Freedom Program for the Indianapolis region, which receives a separate allocation from the statewide New Freedom Program funds (for areas with populations under 200,000). See Tables 1.1 and 1.2 for a listing of the federal allocation of the New Freedom Program funds.

New Freedom Program Federal funds can fund 80% of capital expenses, 50% of operating expenses, and 100% of up to 10% of the apportionment available for planning, administration, and technical assistance. Non-U.S. DOT Federal funds may be used as matching funds, if they permit their use for transportation.

New Freedom Program funds may be used for public transportation services and alternatives, beyond those required by the ADA, that assist individuals with disabilities. Conference Report language gives examples of projects and activities that might be funded under the program. These include, but are not limited to:

- Purchasing vehicles and supporting accessible taxi, ride-sharing, and vanpooling programs;
- Providing paratransit services beyond minimum requirements (3/4 mile to either side of a fixed route), including for routes that run seasonally;
- Making accessibility improvements to transit and intermodal stations not designated as key stations;
- Supporting voucher programs for transportation services offered by human service providers;
- Supporting volunteer driver and aide programs; and
- Supporting mobility management and coordination programs among public transportation providers and other human service agencies that provide transportation.

New Freedom Program funds may only be used to provide new public transportation services and public transportation alternatives that assist persons with disabilities with transportation. New Freedom capital funds may be used for “mobility management” (see above discussion on mobility management under the JARC Program for additional information on these types of projects). New Freedom Program funds are available to a State or local governmental authority, non-profit organization or operator of public transportation services (including private-for-profit operators). IndyGo can provide further information on the New Freedom Program for the Indianapolis region. INDOT’s Public Transit Section can provide additional information on the New Freedom Program in other areas of the State.

Section 2. Methodology

The IMPO began development of the *Coordinated Plan* by identifying the required elements for the plan and the necessary steps for acquiring and analyzing data. The FTA interim guidance provided the general framework and organization that the IMPO used to develop the *Coordinated Plan*.

Data Collection

Identified data needs for the plan included demographic information, existing transportation services, likely destination locations, and community intentions and interests for delivering transportation.

Demographic Data

The IMPO primarily relied on demographic data from the U.S. Census Bureau and STATS Indiana^v. IMPO used demographic data related to age, disability status, income, and unemployment. For this plan, the IMPO utilized U.S. Census Bureau definitions from the 2000 Census. An elderly person is defined as any individual aged 65 years or older. Disability is a self-made designation in the U.S. Census. The U.S. Census considers any person, five years or older, who reported themselves as having a long-term physical, sensory, mental, or self-care disability as disabled. Additionally, anyone 16 years or older who reported they had difficulty leaving their home because of a physical, sensory, mental, or self-care disability and anyone between the ages of 16 and 64 who reported having difficulty working because of a physical, mental or emotional condition that lasted 6 months or more was considered disabled. Low-income and impoverished are two separate demographic categories used to assess an individuals' financial situation. While the language for JARC specifically states the program is targeted to aid "welfare recipients or low-income individuals", the IMPO elected to use the category "poverty" in the development of the *Coordinated Plan*. The IMPO chose to use "poverty" because the U.S. Census recorded this data. Additionally, information available from STATS Indiana utilized the "poverty" classification. The U.S. Census Bureau used the Office of Management and Budget's (OMB) poverty levels, established in Statistical Policy Directive 14. Appendix A contains a copy of these poverty levels. Finally, unemployment was defined as any civilian individual aged 16 years or older who does not have a job or is not waiting to be rehired for a job from which he or she was recently laid off. The summary of the region's public transportation needs for elderly, low-income and disabled individuals (See the Regional Assessment in Section 3) contains additional information on the U.S. Census Bureau methodologies.

A literature review provided additional information on the region's demographics, including potential growth patterns. The United Way of Central Indiana (UWCI)'s *2004 Community Assessment*^{vi}, which contained assessments of the ethnicity, age, education, disabilities, income levels, and employment levels and needs for communities, provided additional demographic information and analysis the IMPO used to supplement the U.S. Census Bureau records. Reports the Indianapolis Private Industry Council and the Indiana Workforce Development, Research and Analysis Division recently issued also proved useful in identifying potential employment trends and destinations in Central Indiana.^{vii}

Existing Services

Several sources provided information on existing transit services throughout the region. INDOT produces *The Indiana Statewide Public Transportation Needs Assessment Study*, which includes brief overviews of transit services in each county in the State. The Statewide Needs Assessments identify demographic conditions in each county, existing services, and highlights potential areas to improve services to sensitive populations. Comparisons among similar counties are included. The IMPO encountered some difficulty in using this data, as INDOT

relied on different definitions for classifying individuals as elderly, disabled, and low-income. Differences in data collection methodology may also account for variations between the INDOT and U.S. Census Bureau data sets. The *2004 Annual Report on Indiana Public Transit*^{viii} contain summaries of existing public transit systems throughout the state, as well as an annual review of public transit programs and services, including the Statewide Section 5310 and JARC programs. The report also listed Section 5310 transportation providers and other transit partners and advocates throughout the State.

Social service organizations maintain additional information on potential transportation providers for the elderly, disabled or individuals with limited income. The UWCI funds a number of social service organizations, including those with their own transportation services. Their list of partner agencies and services served as a source of organizations the IMPO contacted to solicit further information on community needs and available transportation services. The Indianapolis Senior Center's Senior Transportation Program maintains a current listing of transportation service providers in Boone, Hamilton, Hancock, Hendricks, Johnson, and Marion counties. This reference assisted the IMPO in identifying providers in these counties. Finally, the IMPO searched telephone and on-line directories, as well as the websites from previously identified partners and service providers, for information on any additional transportation providers not yet identified.

In order to confirm information on the existing services in the eight-county area, the IMPO conducted telephone surveys with identified providers in May and June of 2006. The IMPO questioned providers on the details of their transportation services, as well as solicited providers' input on potential unmet needs in their communities. This information was compiled in a database and served as a source of information for the assessment of existing services and the identification of community and regional needs. Appendix B includes a copy of the basic questionnaire the IMPO used to structure these interviews.

The IMPO identified a total of 51 unique providers who offered some form of transportation or transportation funding assistance for elderly, low-income, or disabled individuals in the region. The IMPO could not reach 16 of these providers by telephone. Available telephone numbers for six services were either no longer in operation or were the wrong number. These services may still be operating, but the IMPO was unable to find a currently operating number for them. The IMPO made repeated attempts to contact those providers with functioning telephone numbers, and left messages with those services that answered the telephone but could not provide information at the time of contact. Those that did not respond to the IMPO's inquiries (either by not having functioning telephone numbers or not responding to calls) remain in the inventory, but no information was recorded on their services. Appendix C contains a listing of the identified providers by county. Three providers contacted service the entire eight-county area. The remaining providers offer services with limitations, such as a restriction to county residents only or to travel within a limited jurisdiction only.

In August 2005, INDOT published the 2004 Annual Report on Indiana Public Transit. This document includes an assessment of available public transit throughout the State. INDOT recognizes five public transit systems in the Indianapolis planning area.

Public Involvement

A key component for the *Coordinated Plan* is the representation of public opinion and interests in the findings and development of strategies. While the IMPO identified coordination with stakeholders as integral, the timing of the *Coordinated Plan* presented potential difficulties in conducting meaningful coordination. INDOT designated the IMPO to prepare the *Coordinated Plan* in April of 2006. In

order to meet the legal required deadline for the distribution of funds for these programs in FFY 2007, the *Coordinated Plan* must be in place no later than October 1, 2006. Fortunately, previously conducted studies included the solicitation of input from the public. In particular, the research conducted as part of the UWCI's 2004 *Community Assessment* included extensive coordination with the public.

The UWCI began their assessment in 2003. They based their study on U.S. Census and administrative data, focus groups conducted with health and human service providers and others, survey of UWCI current and potential donors, and randomly sampled household telephone surveys. The focus group sessions and household telephone surveys solicited individuals' impressions of the quality of life in their region. They conducted 20 individual focus group sessions and interviewed approximately 2,251 households. Data the Center for Urban Policy and the Environment collected in a 6,448 household survey conducted in 2000 also contributed to the UWCI's final assessment of resident's perceptions of the quality of life in the region. The 2004 *Community Assessment* contained a summary of their findings, and the UWCI also provided the IMPO with expanded data summaries of their public involvement findings. The IMPO used this information, coupled with the data collected from the service provider interviews, to form the basis of their initial assessment of community needs. They presented this assessment at a public meeting held on June 22, 2006 to receive further feedback on the accuracy of their findings and interpretations.

The IMPO incorporated comments received during the public meeting into the *Coordinated Plan*. In particular, several attendees suggested additional providers for the MPO to contact, expanded information on existing services, and clarified their impressions of their communities' needs. The Service providers in attendance also provided feedback on the IMPO's proposed strategies to address needs, including pointing out potential pitfalls, and suggested other potential strategies. A copy of the public meeting attendance list and a transcription of the public meeting minutes appear in Appendix D.

Upon completion of the initial *Draft Coordinated Plan*, the IMPO distributed the document to INDOT, IndyGo, FTA, and FHWA for comment and approval for broader distribution. The IMPO next made the *Draft Coordinated Plan* available for public review, following established IMPO notification and distribution procedures. IMPO also distributed copies to parties with particular interest in the *Coordinated Plan*. This group included providers and representatives of local governments. A list of individuals sent a copy of the *Draft Coordinated Plan* appears in Appendix E. The IMPO afforded INDOT, IndyGo, FTA, and FHWA the opportunity to review and comment on the Final Draft of the *Coordinated Plan*. Table E.1 in Appendix E contains an inventory of all significant comments received on the *Coordinated Plan* and documentation of how the IMPO responded to these comments. After addressing any new comments and receiving INDOT and IndyGo approval of the Final Draft, the MPO made the Final Draft available for public review; following establish IMPO procedures for the notification and distribution of planning products. The Final Draft was presented to the Indianapolis Regional Transportation Council for approval, and then to the Metropolitan Development Committee for final, formal approval. Copies of the approved *Coordinated Plan* went on file with the IMPO, INDOT, IndyGo, FTA, and FHWA.

Section 3. Existing Services and Needs

According to the 2000 U.S. Census Bureau data, 42% of Indiana's population growth from 1990 to 2000 occurred in the nine-county area of greater Indianapolis. While Hamilton County is the fastest growing county in the State, more than one-half of the area's residents live in Marion County (UWCI 2004: 6).

The following discussion is divided by individual county. Each county discussion includes a review of the County's demographics, a summary of existing services, and a discussion of needs identified in the existing literature and surveys. There is a comparison of the counties at the end of this section that is intended to provide a regional perspective and highlight potential patterns that may form a basis for establishing priorities and developing strategies for improvement.

Boone County

Available data for Boone County included the results of the UWCI survey and focus group session summary, the INDOT *Indiana Statewide Public Transportation Needs Assessment Study* Boone County summary, U.S. Census and demographic information from STATS Indiana, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data presented below is from the U.S. Census Bureau profiles.^{ix} Tables F.1 and F.2 in Appendix F contain a complete summary of the relevant demographic statistics for Boone County.

From 1990 to 2000, Boone County population increased 20.9%. In 2000, 5,450 individuals living in Boone County were 65 years or older, an 11.5% increase in the number of elderly living in the County in 1990. Between 1990 and 2000, the number of people living in poverty in Boone County decreased from by 0.8%. However, the number of unemployed individuals in the County increased by 28.1%. Additionally, from 2000 to 2003 the percent of unemployed individuals in the County has increased from 1.7% to 3.1%. The Bureau of Labor Statistics, Indiana Department of Workforce Development (BLS/IDWD) posted 2005 unemployment in Boone County at 4.0% of the population. The IMPO assumes that the rate of individuals living in poverty also may have increased since the 2000 U.S. Census figures were taken. The U.S. Census also reported approximately 18.8% of the County's population as non-institutionalized with some form of a disability. Of those individuals aged between 21 and 64 years old and listed as disabled, 81.8% were employed in 2000.

The U.S. Census also tracks work-related transportation. 42.2% of the Boone County population is of working age. Of those individuals commuting to work, 83.9% (N=19,036) drove alone, 8.8% (N=1,993) carpooled, 0.1% (N=18) used public transportation (including taxicab), 1.4% (N=316) walked, 0.8% (N=189) used other means of transport, and 5.0% (N=1,127) worked at home. The mean travel time to work was 23.0 minutes. In 2000, 1.3% (N=583) of the people in Boone County reported that they had no access to a vehicle.

Existing Transportation Services

The Boone County summary of the *Indiana Statewide Public Transportation Needs Assessment Study* identified 7,916 individuals in Boone County as either aged 65 years or older, disabled or non-elderly and low income.^x Individuals in these populations are those that traditionally most use public transit. INDOT utilized demand models to estimate how many public transportation trips would be needed to meet these populations' demands at 168,000. At the time the INDOT prepared the 2004 *Indiana Statewide Public Transportation Needs Assessment Study*, there was no public transit provider in Boone County. Since then, the Boone County Senior Services began offering demand response service throughout the County. The IMPO identified seven other non-traditional transportation providers in Boone County.

The IMPO identified eight transportation providers in Boone County. Of these eight providers, the IMPO was able to gather data from seven providers through telephone survey. Currently all providers offer only demand response service. Two of the providers are commercial operations,

the Friendly City Cab and the Yellow Cab Company. The Friendly City Cab restricts their service to Lebanon, Thorntown, and Whitetown. They offer reduced fares to seniors and the disabled, but currently do not have any wheelchair accessible vehicles. The Yellow Cab Company services the entire Indianapolis region. They also offer reduced fares for the elderly and have paratransit service.

Two services, the American Cancer Society and the Boone County Cancer Society, provide transportation exclusively to cancer patients for medical purposes only. The Boone County Cancer Society provides transportation only to Boone County residents. There is no age restriction for these services, but they currently do not offer wheelchair service. Both organizations' transportation services are staffed exclusively by volunteers. The American Cancer Society refers wheelchair needs to Need-A-Lift. Need-A-Lift offers wheelchair and ambulatory transportation service for personal or medical trips for a fee. They service the entire Indianapolis region.

Boone County Senior Services traditionally (for 27 years) has served transportation needs for the Boone County elderly. On January 1st, they began offering a Public Transit Service for all Boone County residents, regardless of age. Boone County Senior Services currently transports "Transport Impact Workers" as part of their program. Fare rates vary depending on whether riders are traveling within town limits or throughout the County. They are in the process of working with the Lebanon Business Park to create a public transit service for employees to this destination.

Currently, two operations (the American Cancer Society and the Boone County Senior Services) have scheduled hours of operations. These hours are restricted to daytime hours, Monday through Friday. All other operations contacted operate on call. The volunteer-staffed operations provide service on volunteer availability. The commercial operations provide service 24 hours a day. Three operations (the American Cancer Society, Need-A-Lift, and the Yellow Cab Company) offer services that cross the county line. As the American Cancer Society relies on volunteer drivers, the decision to cross county lines lies with individual drivers' willingness to do so.

County Needs

Several respondents to the provider survey voiced concern over the need to improve wheelchair transportation service throughout the County. Two individuals expressed a growing problem with being able to meet the volume of demand for wheelchair service, as well as increasing difficulty in moving the wheelchairs, as both the chairs and the disabled individuals are increasing in size and weight. These two individuals stated a need for additional wheelchair equipped vehicles and vehicles (including the wheelchair lifts) that are capable of better accommodating larger-sized individuals and wheelchairs. Several respondents indicated a need for improved public transit. One individual appeared unaware of the recent addition of public transit to the Boone County Senior Services operation, stating that no public transit was available currently within the County. Boone County Senior Services expressed an interest in expanding their hours of operation to include weekends and nights. Their greatest need right now is to establish more reliable service that crosses the county lines (in particular, to Indianapolis) or connecting to another transportation service outside the county lines.

Approximately 63.4% (N~195) of the households in Boone County surveyed, as part of the UWCI study, in 2003 identified the availability of quality public transportation as a problem. Approximately 30.4% (N~92) stated the availability of quality public transportation was not a problem. The remaining respondents (N~19) either did not answer this question or did not have an opinion on it. Approximately 53.4% (N~164) of households surveyed responded that they

think their community, through public or private sources, under-invests in transportation services. During the 2003 focus group session, attendees in Boone County stated that there is inadequate public transportation in the County. One other comment bears a relationship to transportation issues. Attendees indicated that there is a mismatch between employment opportunities and the existing skills of residents in their communities. Enhanced public transportation may aid in the mobility of workers to employment opportunities that meet their existing skills, or to training centers where they can learn the skills necessary to obtain local employment.

Hamilton County

Available data for Hamilton County included U.S. Census Bureau data, the results of the UWCI survey and focus group session summary, the INDOT *Indiana Statewide Public Transportation Needs Assessment Study* summary for Hamilton County, other demographic information, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data presented below is from the U.S. Census Bureau profiles.^{xi} Tables F.1 and F.2 in Appendix F contain a complete summary of the demographic statistics for Hamilton County.

Hamilton County population increased 67.7% from 1990 to 2000. Hamilton County is the fastest growing county in Indiana. In 2000, 7.5% of Hamilton County's population was 65 years or older, a 52.0% increase from 1990. From 1990 to 2000, the number of people living in poverty in Hamilton County increased 36.7%. Between 1990 and 2000, the number of unemployed individuals in the County rose 48.4%. From 2000 to 2003, the percent of unemployed individuals in the County rose from 1.5% to 2.5% of the total County population. The BLS/IDWD posted 2005 unemployment in Hamilton County at 3.1% of the population. The U.S. Census reported approximately 11.7% of the County's population as non-institutionalized with a physical, sensory or mental disability. Of those individuals aged between 21 and 64 years old and listed as disabled, 71.5% were employed in 2000.

72% of the individuals in Hamilton County were of working age. 87.2% (N=82,410) of those individuals who commute to work drove alone. 6.4% (N=6,018) carpooled, 0.2% (N=208) used public transportation, 0.9% (N=809) walked, 0.6% (N=547) used other means of transport, and 4.8% (N=4,569) worked at home. The mean travel time to work was 25.3 minutes. In 2000, 0.9% (N=1,591) of the people in Hamilton County reported that they had no access to a vehicle.

Existing Transportation Services

The *Indiana Statewide Public Transportation Needs Assessment Study*, Hamilton County summary, listed 127,800 individuals in the County as either aged 65 years or older, disabled or non-elderly and low income.^{xii} Individuals in these populations are those that traditionally most use public transit. INDOT utilized demand models to estimate how many public transportation trips would be needed to meet these populations' demands at 3,635,000. The 2004 *Indiana Statewide Public Transportation Needs Assessment Study* listed no public transit provider in Hamilton County.

The IMPO identified eight transportation providers in Hamilton County. Of the eight providers, the IMPO was able to gather data from six providers through the telephone survey. Currently these entities provide only demand response service. Two of the providers are commercial operations, the Yellow Cab Company and the Carmel Circle City Cab.

Two non-profit services, the American Cancer Society and the American Red Cross of Greater Indianapolis-Hamilton Center, provide transportation exclusively to cancer patients or other residents of Hamilton County for medical purposes only. Prime Life Enrichment, Inc. provides service exclusively to Hamilton County residents aged 50 or more. They provide free service within Hamilton County, but will take riders outside the county for a per-mile fee. Janus Developmental Services provides countywide demand response service. They also provide routine demand response through a public transit service, the Noblesville Public Transit Service, within the Noblesville City limits. There are no restrictions on who may use their services. Currently, Janus is running a pilot program for a Hamilton County Express line. They are also in the planning stages for establishing an interurban connection to Muncie, in Marion County.

Currently, five operations in Hamilton County have scheduled service hours. Only the Noblesville Public Transit Service operates on Saturdays (from 8:00 a.m. to 2:00 p.m.). Janus offers the earliest and latest weekday service, which runs from 6:00 a.m. until 6:00 p.m. Four services (the American Cancer Society, the American Red Cross, Need-A-Lift, Prime Life Enrichment, Inc., and the Yellow Cab Company) offer transportation outside of Hamilton County lines. As the American Cancer Society and the American Red Cross rely on volunteer drivers, the decision to cross county lines lies with individual drivers' willingness to do so. Both organizations limit their services to medical trips only. Prime Life Enrichment, Inc. only services county residents 50 years or older. Need-A-Lift and the Yellow Cab Company offer service to all individuals for any purpose trip.

County Needs

Several respondents to the provider survey indicated that there is a need to expand service hours in their communities. In particular, there is a perceived need for more early-morning and late-afternoon hours. The frequency of trips and availability of drivers also is a concern for several providers. This concern is connected to a general need for additional funding to add more vehicles (to increase the frequency of trips and manage the volume of requests for service, as well as to provide additional service to non-elderly or disabled individuals and more destinations), increase the number of wheelchair accessible vehicles, improve maintenance on existing vehicles, and pay for additional drivers. Many surveyed expressed their need to ensure their services are maintained at their current level before expanding. Several respondents stated a general need to improve transit services in their area, particularly to create connections to other public transit systems that deliver service to other destinations, including those outside the Hamilton County lines.

Approximately 68.1% (N~205) of the households surveyed in Hamilton County in 2003 identified the availability of quality public transportation as a problem. Approximately 21.6% (N~65) stated the availability of quality public transportation was not a problem. The remaining respondents (N~31) either did not answer this question or did not have an opinion on it. Approximately 62.1% of households surveyed (N~187) responded that they think their community, through public or private sources, under-invests in transportation services. During the 2003 focus group session, attendees expressed no specific comment related to transportation. They expressed a general concern that the prevailing growth, affluence, and cultural attitudes in the County potentially mask emerging housing, childcare, or other service needs for lower-income residents (Cross 2003: 7).

Hancock County

Available data for Hancock County included U.S. Census Bureau data, the results of UWCI-sponsored survey and focus group session summary, the INDOT 2004 *Indiana Statewide Public Transportation Needs Assessment Study*, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data presented below is from the U.S. Census Bureau profiles.^{xiii} Tables F.1 and F.2 in Appendix F contain a complete summary of the Hancock County demographic statistics.

From 1990 to 2000, Hancock County's population increased 21.7%. 11.2% of the population in 2000 was 65 years or older, a 31.1% increase from the elderly population in 1990. From 1990 to 2000, the number of people living in poverty in Hancock County dropped 19.2%. Between 1990 and 2000, unemployment in Hancock County rose 2.4%. From 2000 to 2003, the unemployment rate in the County rose from 2.1% to 3.6%. The BLS/IDWD listed 2005 unemployment in Hancock County at 4.2% of the population. The U.S. Census reported about 17.0% of the County's population was non-institutionalized with a physical, sensory or mental disability. Of those disabled individuals aged between 21 and 64 years old, 71.9% were employed.

51.0% of Hancock County residents in 2000 were of working age. 86.1% (N=24,298) of those individuals who commute to work drove alone. 8.4% (N=2,365) carpooled, 0.1% (N=27) used public transportation, 1.2% (N=342) walked, 0.8% (N=228) used other means of transport, and 3.4% (N=954) worked at home. The mean travel time to work was 25.9 minutes. 1.3% of the residents (N=712) reported that they had no access to a vehicle in 2000.

Existing Transportation Services

The Hancock County summary from the *2004 Indiana Statewide Public Transportation Needs Assessment Study* listed 8,316 individuals in the County as either aged 65 years or older, disabled or non-elderly and low income.^{xiv} Individuals in these populations are those that traditionally most use public transit. INDOT estimated 658,000 public transportation trips would be needed to meet these populations' needs. The *2004 Indiana Statewide Public Transportation Needs Assessment Study* listed no public transit provider in Hancock County.

The IMPO identified six transportation providers in Hancock and was able to gather data from all six providers through the telephone survey. Currently these entities provide only demand response service. One of the providers, the Yellow Cab Company, is a commercial operation. The American Cancer Society provides transportation exclusively to cancer patients in Hancock County for medical purposes only. They refer wheelchair needs to Need-A-Lift. The American Red Cross of Greater Indianapolis, Hancock Center provides service to ambulatory residents of the county only for medical purposes. Hancock County Senior Services gives priority service to county residents 60 years old or greater and to the disabled, for a donation. If the service is not in use for these individuals, they will transport other County residents for a modest fee. They provide wheelchair service and have developed a voucher program with social service centers in the area.

Independent Residential Living of Central Indiana provides modest transportation services to disabled individuals in Marion, Hancock, and Johnson counties. Their emphasis is on providing service to individuals living in assisted housing, but they will also transport other disabled individuals for a small fee. Primarily, their trips are for taking people out of Marion County, but they do bring some individuals from the other counties into Marion County. Transportation, however, is not the major element of their mission.

Currently the American Cancer Society, the American Red Cross, Hancock County Senior Services, and Independent Residential Living of Central Indiana maintain scheduled hours Monday through Friday during the day (no earlier than 8:00 a.m. and no later than 5:00 p.m.).

Independent Residential Living of Central Indiana may provide after-hour service in some situations, based on driver availability. Need-A-Lift and the Yellow Cab Company operate on call.

County Needs

One respondent to the provider survey indicated that they think the biggest problem facing the County is getting people to and from jobs on a daily basis. They believe the current transit services offered do not have the capacity to serve routine daily work transportation effectively. One respondent indicated a need for additional paratransit vehicles. Another expressed that there is a need to expand transit services out of the County, particularly for medical trips.

Approximately 68.9% (N~215) of the households surveyed in Hancock County in 2003 identified the availability of quality public transportation as a problem. Approximately 23.7% (N~74) stated the availability of quality public transportation was not a problem. The remaining respondents (N~23) either did not answer this question or did not have an opinion on it. Approximately 63.1% of households surveyed (N~197) responded that they think their community under-invests in transportation services. During the 2003 focus group session, attendees expressed no specific comment related to transportation services for low-income, elderly or disabled individuals. The only transportation—related comment made was that there are inadequate options for transportation available, which limits participation in after-school activities. A comment on elderly and disabled needs that indirectly relates to transportation is that there is a perceived need for in-home support and assisted living options for the elderly and disabled (Cross 2003: 6-7). Public transit often provides a vital link to elderly and disabled individuals living outside of institutions or managed care facilities, as the ability to easily access necessary services independently directly affects individuals' ability to live in their own homes.

Hendricks County

Available data for Hendricks County included U.S. Census Bureau data, the results of the UWCI survey and focus group session summary, the INDOT 2004 *Indiana Statewide Public Transportation Needs Assessment Study*, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data found below is from the U.S. Census Bureau profiles.^{xv} Tables F.1 and F.2 in Appendix F contain a complete summary of the demographic statistics for Hendricks County.

Hendricks County population increased 37.4% from 1990 to 2000. During the same period, the number of people age 65 years or older increased 37.9%. From 1990 to 2000, the number of people living in poverty in Hendricks County rose 36.4%, while unemployment declined 0.2%. From 2000 to 2003, the unemployment rate in the County rose from 1.7% to 3.5%. The BLS/IDWD listed 2005 unemployment in Hendricks County at 3.8% of the population. The U.S. Census reported 17.0% of the County's population as non-institutionalized with a disability. Of those disabled individuals between 21 and 64 years old that were listed as disabled, 78.3% were employed in 2000.

In 2000, 51.0% of the population in Hendricks County was of working age. 89.1% (N=47,231) of those commuting to work as driving alone. 6.0% (N=3,194) carpooled, 0.2% (N=109) used public transportation, 0.6% (N=304) walked, 0.8% (N=416) used other means of transport, and 3.3% (N=1,768) worked at home. The mean travel time to work was 25.6 minutes. 2.4% of the total County population (N=882) reported that they had no access to a vehicle.

Existing Transportation Services

The Hendricks County summary from the 2004 *Indiana Statewide Public Transportation Needs Assessment Study* listed 12,398 individuals in the County as either age 65 years or older, disabled or non-elderly and low income.^{xvi} Individuals in these populations are those that traditionally most use public transit. INDOT projected approximately 1,125,000 public transportation trips would be needed to meet these populations' needs. The *Indiana Statewide Public Transportation Needs Assessment Study* listed no public transit provider in Hendricks County.

The IMPO identified nine transportation providers in Hendricks County, but was able to gather data only from eight of them through the telephone survey. Currently, all of these operations provide demand response service. The Hendricks County Senior Services also provides a fixed route system, LINK Hendricks County, within Brownsburg city limits.

Two of the providers offering service in Hendricks County are commercial operations. These include the Helping Hand Chauffeur Service and the Yellow Cab Company. The Helping Hand Chauffeur Service in the past serviced Montgomery County exclusively, but they recently expanded their service into Hendricks County. They do not offer paratransit services. They primarily provide trips for medical purposes, but also do school service. While the Hendricks County Senior Services traditionally only provided transportation to the elderly or disabled, they now offer service to all residents within Hendricks County. They provide a countywide service as well as a fixed-route connector service within Brownsburg city limits. Seniors may ride the service for free, while all other must pay a modest fee. They coordinate with Marion County providers to arrange drop-off transfers at the county line. Sycamore Services also focuses on providing service to the elderly and disabled, but will provide service to other individuals living in Hendricks or Morgan county, as possible.

The Yellow Cab Company, the Hendricks County Senior Services, and Need-A-Lift offer paratransit service. One provider, the Faith in Action of Hendricks County, offers limited transportation services to Hendricks County residents with long-term health needs. Their services are staffed exclusively by volunteers.

County Needs

During the provider survey, one respondent indicated that there is insufficient public transportation available to meet non-medical trip needs. They stated that they receive requests for transportation to work and schools (particularly to receive assistance in obtaining a GED), but that these individuals do not meet the criteria for their service and that the provider does not have the capacity to diversify from a homecare/health services-oriented service to a general public transportation provider. Providers that are diversifying their services away from their traditional markets of elderly or disabled individuals said that it is becoming increasingly difficult to handle the demand for services. Now that they offer non-medical trips to all County residents, the providers have to turn down requests from their traditional market. Essentially, they find themselves providing more transportation to fewer individuals. Providers indicated that they do not want to see services for their non-traditional customers curtailed; they would rather see an increase in the capacity of existing services. Several respondents stated that, in their opinion, the biggest problem facing public transportation in their community is the insufficient number of paratransit vehicles available, particularly those vehicles capable of handling large-sized individuals and wheelchairs. One person said that the biggest challenge facing disabled individuals' ability to work is the lack of affordable and consistent paratransit wheelchair transportation. Another respondent indicated that it is a financial burden to deliver service for wheelchair clientele, particularly for long distances. This individual stated that there is a great need for more affordable wheelchair services.

Approximately 66.3% (N~205) of the households surveyed in Hendricks County in 2003 identified the availability of quality public transportation as a problem. Approximately 25.6% (N~79) stated the availability of quality public transportation was not a problem. The remaining respondents (N~25) either did not answer this question or did not have an opinion on it. Approximately 64.7% (N~200) of households surveyed responded that they think their community under-invests in transportation services. During the 2003 focus group session, those in attendance made only one comment related to transportation in the County. They said that there is a need to create a reliable transportation system to link communities with employment and health care centers (Cross 2003: 6).

Johnson County

Available data for Johnson County included U.S. Census Bureau data, the INDOT 2004 *Indiana Statewide Public Transportation Needs Assessment Study*, and the results of the IMPO provider survey. The UWCI-sponsored 2004 study did not include Johnson County.

Demographic Information

Unless otherwise cited, the demographic data below is from the U.S. Census Bureau profiles.^{xvii} Tables F.1 and F.2 in Appendix F contain a complete summary of the Johnson County demographic statistics.

From 1990 to 2000, the population in Johnson County increased by 30.8%. During this decade, the number of people age 65 years or older grew by 35.1%. From 1990 to 2000, the number of people living in poverty in Johnson County increased 7.3% and the number of unemployed individuals grew by 19.9%. From 2000 to 2003, the percent of unemployed individuals in the County rose from 1.9% to 3.3% (UWCI 2004: 11, 14). The BLS/IDWD stated that unemployment in Johnson County in 2005 was at 4.2%. The U.S. Census reported about 18.0% of the County's population as being non-institutionalized with a disability. Of those individuals between 21 and 64 years old and listed as disabled, 69.0% were employed in 2000.

76.1% of the people in Johnson County were of working age in 2000. 86.2% (N=50,695) of those that commute to work drove alone. 8.8% (N=5,158) carpooled, 0.1% (N=83) used public transportation, 1.5% (N=899) walked, 0.9% (N=553) used other means of transport, and 2.4% (N=1,428) worked at home. The mean travel time to work was 24.7 minutes. 4.0% of the County's residents (N=1,168) reported that they had no access to a vehicle.

Existing Transportation Services

The 2004 *Indiana Statewide Public Transportation Needs Assessment Study* described 17,887 individuals in Johnson County as either age 65 years or older, disabled or non-elderly and low income.^{xviii} INDOT estimated the number of public transportation trips needed to meet these populations' demands at 2,561,127. The *Indiana Statewide Public Transportation Needs Assessment Study* listed no public transit provider in Johnson County.

The IMPO identified twelve transportation providers in Johnson County. The IMPO was able to gather data only from eight of the providers through the telephone survey. All eight providers offer demand response service. ACCESS Johnson County also offers flexible fixed-route service within major cities or towns in Johnson County. ACCESS Johnson County provides free transfer between the flexible fixed-route connectors. Currently, ACCESS Johnson County has informal drop-offs where riders may access IndyGo and ShelbyGo services. They are in the process of establishing a comparable arrangement with Columbus.

At least three commercial providers operate in Johnson County, Medicab, Radiocab of Greenwood, and the Yellow Cab Company. Medicab only provides transportation for medical trips to ambulatory individuals within two-square miles of Edinburgh. As of July 2006, the IMPO has not been able to speak with anyone at Radiocab of Greenwood.

Four providers (the American Cancer Society, Franklin Senior Center, Independent Residential Living of Central Indiana, and Johnson County Senior Service) offer limited transportation services. The American Cancer Society provides transportation exclusively to cancer patients for medical purposes only. The Franklin Senior Center provides transportation to Franklin City residents age 55 years or older within the Franklin city limits. Johnson County Senior Service offers transportation for Johnson County residents who are age 60 years or older and any age disabled individual. For the most part, they restrict their service to within Johnson County. Medicab also restricts service exclusively for medical purposes.

Only Need-A-Lift and the Yellow Cab Company offer service at night and throughout the weekend. ACCESS Johnson County runs service until 10:00 p.m. during the week and offers Saturday service on the fixed rate collector lines from 9:00 a.m. until 5:00 p.m. Three operators, the Yellow Cab Company, Need-A-Lift, and Johnson County Senior Service, offer wheelchair paratransit service.

County Needs

In general, during the provider survey, the respondents agreed that there is a need to expand services into the early morning, night, and weekend hours. Most providers would have to increase the number of drivers they have in order to provide service during non-business hours. Also, additional wheelchair paratransit vehicles are needed to meet the demand for service. One provider mentioned that they would like to see additional, more affordable services for non-elderly and non-disabled individuals provided throughout the County. ACCESS Johnson County emphasized that coordinating services is a key to addressing the vital need of providing intercounty public transportation. They also identified improving job access through public transportation as important for the County, particularly for disabled individuals.

No data was collected in Johnson County as part of the UWCI's 2004 *Community Assessment*.

Marion County

Available data for Marion County included the U.S. Census Bureau data, the results of UWCI-sponsored survey and focus group session summary, the INDOT 2004 *Indiana Statewide Public Transportation Needs Assessment Study* summary for Marion County, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data presented below is from the U.S. Census Bureau profiles.^{xix} Tables F.1 and F.2 in Appendix F contain a complete summary of the demographic statistics for Marion County.

From 1990 to 2000, Marion County population increased by 7.9%. While the growth in Marion County was slower than many other counties in the region, Marion County contains over 50% of the region's total population. 11.1% of Marion County residents in 2000 were 65 years or older, a 0.5% decrease from the previous 11.6% in 1990. From 1990 to 2000, the number of people living in poverty in Marion County grew 1.8% and the unemployment rate increased 5.0%. From 2000 to 2003, the percent of unemployed individuals in the County rose from 3.0% to 4.9%. The BLS/IDWD reported the unemployment rate in Marion County in 2005 5.6%. The U.S. Census

Bureau reported 20.1% of the County as non-institutionalized with a physical, sensory or mental disability. Of those disabled individuals between the ages of 21 and 64 years old, 61.5% were employed.

76.9% of Marion County residents were of working age in 2000. 80.4% (N=341,184) of those individuals who commuted to work, drove to work alone. 12.2% (N=51,674) reported that they carpoled, 0.1% (N=9,647) used public transportation, 1.9% (N=8,267) walked, 0.8% (N=3,202) used other means of transport, and 2.5% (N=10,624) worked at home. The mean travel time to work was 23.0 minutes. 9.7% of the total population (N=33,997) reported that they had no access to a vehicle.

Existing Transportation Services

The Marion County summary from the 2004 *Indiana Statewide Public Transportation Needs Assessment Study* listed 203,190 individuals in Marion County as either 65 years or older, disabled or non-elderly and low income.^{xx} INDOT projected that 18,905,815 public transportation trips would be necessary to address these populations' needs. The *Indiana Statewide Public Transportation Needs Assessment Study* listed IndyGo as the only public transportation provider in Marion County. The report stated that IndyGo's activity in 2004 met approximately 53% (N=10,003,241) of the projected demand.

The IMPO identified 18 transportation providers in Marion County, but was able only to gather data from 11 providers through the telephone survey. All of the responding providers offer demand response service. IndyGo also offers fixed-route service throughout Indianapolis.

A number of organizations offer medical only transportation in Marion County. The American Cancer Society provides transportation exclusively to cancer patients for cancer treatment or services only. The American Red Cross of Greater Indianapolis, Marion County Center offers limited transportation on a referral basis only. They provide medical trips for ambulatory, low-income, and elderly individuals. The Perry Senior Citizens Services offers transportation assistance to ambulatory Perry Township residents 60 years or older. Volunteer drivers will transport these individuals throughout Perry Township and the rest of Marion County for medical purposes only. The Jewish Community Outreach Service's Wheels to Wellness program targets service to ambulatory seniors 60 years or older, primarily for medical trips only. They restrict most of their transportation to Washington and Pike Townships, but will take people into other areas of Marion County, as scheduling permits. Beginning in the summer of 2006, they began contracting this service out through Elder Care. Little Red Door and the Leukemia and Lymphoma Society provides funding assistance to Marion County cancer and leukemia, lymphoma, and Hodgkin's disease patients for medical-related transportation costs.

Six providers (CARE Ambulance Services, IndyGo, the Yellow Cab Company, the Indianapolis Senior Center, Independent Residential Living of Central Indiana, and Need-A-Lift) offer some form of wheelchair paratransit service. CARE Ambulance Services offers medical transportation throughout the greater Indianapolis region to Marion County residents, including to those in wheelchairs. The Indianapolis Senior Center offers four different transportation programs. Two are voucher programs, under contract with the Yellow Cab Company, to provide funding assistance for reduced-cost taxi or paratransit service through the Yellow Cab Company service area. They also have two volunteer-staffed programs. One is for medical only transportation and the other is for grocery shopping. The shopping service consists of daily, fixed services from group housing to shopping centers.

A majority of the providers operate during standard weekday business hours. The Yellow Cab Company offers 24-hour service, 7-days a week. IndyGo provides weekend, evening, and late night service. IndyGo and the Yellow Cab Company are the only providers that offer open services. That is, they have no age or other demographic restrictions on their services. IndyGo's Open Door service is an exception. This service is targeted at providing service to the disabled who do not have access to their other transportation services. The Yellow Cab Company is the only provider that routinely will transport individuals from Marion County out to surrounding counties.

As previously mentioned, several providers offer limited or restricted services. Some providers only offer medical transport and other offer services exclusively to the elderly. Geographical restrictions apply to Jewish Community Outreach Service's Wheels to Wellness program and the Perry Senior Citizens Services transportation program. Independent Residential Living of Central Indiana offers services only to the disabled, with priority service given to those individuals associated with their home health program.

County Needs

Overall, all of the providers surveyed in Marion County stated that the need for transit services far exceeds the currently available services. Most providers are turning away applicants for assistance or for trips since they do not have the staffing, funds or sufficient number of vehicles to meet demands. One individual said that there are a sufficient number of organizations offering transportation services to the elderly, disabled or low-income in Marion County, but that the demand for services is not being met due to a lack of coordination. This individual believes that if transportation services were better coordinated, many of the funding, staffing, and equipment shortages could be overcome.

As in other counties, there also is a concern among transportation providers in Marion County that wheelchair services are insufficient. Several respondents indicated that the number of wheelchair vehicles in the area must be increased, as well as the overall opportunities for wheelchair-bound individuals to gain access to transportation. While IndyGo provides the most expansive and established fixed-route transit service in the region, at least one individual believes that the service must improve the timing of their runs (less time between pick-ups) and needs to expand more broadly throughout the city. In particular, the current configuration of the system requires many riders to travel into downtown to get across town, adding time to their travel.

About 42.6% (N~172) of the households surveyed in Marion County in 2003 identified the availability of quality public transportation as a problem. Approximately 50.5% (N~203) stated the availability of quality public transportation was not a problem. The remaining respondents (N~31) either did not answer this question or did not have an opinion on it. Approximately 42.6% of households surveyed (N~173) responded that they think their community, through public or private sources, under-invests in transportation services. The review of the 2003 focus group sessions (Cross 2003) contained no documentation of transportation-related concerns gathered in Marion County.

Morgan County

Available data for Morgan County included U.S. Census Bureau data, the results of the UWCI-sponsored survey and focus group session summary, the INDOT 2004 *Indiana Statewide Public Transportation Needs Assessment Study* summary for Morgan County, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data below is from the U.S. Census Bureau profiles.^{xxi} Tables F.1 and F.2 in Appendix F contain a complete summary of the Morgan County demographic statistics.

Morgan County's population increased from 19.3% from 1990 to 2000. During the same period, the number of people 65 years or older increased by 22.7%. From 1990 to 2000, the number of people living in poverty in Morgan County rose 18.3%, while the unemployment rate shrunk 16.6%. However, from 2000 to 2003, the percent of unemployed individuals in the County rose from 2.3% to 4.1%. The BLS/IDWD reported the 2005 unemployment rate in Morgan County at 4.9% of the population. The U.S. Census reported about 20.0% of the County's population as non-institutionalized with a physical, sensory or mental disability. Of those individuals between the ages of 21 and 64 years old and listed as disabled in 2000, 70.9% were employed.

76.1% of the individuals living in Morgan County in 2000 were of working age. 82.8% (N=27,465) of those individuals who commuted to work drove to work alone. 11.2% (N=3,712) carpooled, 0.3% (N=84) used public transportation, 1.8% (N=589) walked, 1.2% (N=403) used other means of transport, and 2.7% (N=899) worked at home. The mean travel time to work was 28.3 minutes. In 2000, people 3.6% of the total population (N=885) reported that they had no access to a vehicle.

Existing Transportation Services

The *Indiana Statewide Public Transportation Needs Assessment Study* summary for Morgan County listed 11,558 individuals in the County as either 65 years or older, disabled or non-elderly and low income.^{xxii} Individuals in these populations are those that traditionally most use public transit. INDOT estimated how many public transportation trips would be required to meet these populations' needs in 2004. The *Needs Assessment Study* listed no public transit provider in Morgan County.

The IMPO identified eight transportation providers in Morgan County, and was able to gather data from all of them through the telephone survey. Currently only demand response service is available in Morgan County.

One commercial operation, the Yellow Cab Company, services Morgan County. They offer reduced fares for the elderly and have paratransit service. Coordinated Aging Services for Morgan County provides two forms of transportation service, a senior service and Connect Morgan County Public Transit. The senior service targets Morgan County residents 60 years and older. This service is for medical and non-medical trips. Medical transport is available from Morgan County to the surrounding other seven counties while non-medical trips are limited to Morgan County destinations. The Connect Morgan County Public Transit service is available to all Morgan County residents within the county limits.

Four providers (the American Cancer Society, the American Red Cross of Greater Indianapolis--Morgan County Center, the Martinsville Area Senior Citizens Center, and the Mooresville Senior Citizens Center), in addition to Coordinated Aging Services, offer limited transportation services. The American Cancer Society provides transportation exclusively to cancer patients for medical purposes only. The American Red Cross of Greater Indianapolis--Morgan County Center provides service to ambulatory residents of the county only for medical purposes on a referral only basis. The Martinsville Area Senior Citizens Center offers open transportation to area residents 55 years or older within the Martinsville city-area. The Mooresville Senior Citizens

Center provides transportation within Mooresville for essential services to area residents 60 years or older. Mooresville will also provide transportation to ambulatory disabled area residents.

Three operators, the Yellow Cab Company, Need-A-Lift, and Coordinated Aging Services for Morgan County-Connect Morgan County Public Transit, offer wheelchair paratransit service. Only Need-A-Lift and the Yellow Cab Company offer service at night and throughout the weekend. The American Red Cross service schedule varies with volunteer availability. The remaining providers offer weekday service between normal business hours (no earlier than 8:00 a.m. and no later than 5:00 p.m.).

County Needs

During the provider survey, several respondents indicated that there is a need for additional paratransit wheelchair service in the County, particularly for vehicles capable of accommodating large-sized wheelchairs. One provider indicated that after-hour and weekend service is needed, as well as service to destinations outside of the County limits. Many of these trips would be for medical purposes or for job access.

Approximately 69.7% (N~216) of the households surveyed in Morgan County in 2003 identified the availability of quality public transportation as a problem. Of the eight counties considered in this review, Morgan County had the highest percent of survey respondents indicated the quality of public transit as a problem. Approximately 24.5% (N~75) stated the availability of quality public transportation was not a problem. The remaining respondents (N~19) either did not answer this question or did not have an opinion on it. Approximately 67.1% (N~208) of households surveyed responded that they think their community under-invests in transportation services. During the 2003 focus group session, those in attendance made no comment directly about transportation in the County. Concerns that are linked potentially to transportation included concern over the severe impact from the loss of airline and manufacturing jobs and an increased demand for basic needs (Cross 2003: 6). The development of a more reliable or consistent transit service may aid in connecting unemployed individuals to new job opportunities. The IMPO is unclear about what the focus group intended in their comment on the increased demand for basic needs. This concern may encompass a need for transportation, as a basic need in and of itself, or the need for transportation in order to better access services that provide basic need assistance, such as food pantries or shelters.

Shelby County

Available data for Shelby County included U.S. Census Bureau data, the results of the UWCI survey and focus group session summary, the INDOT 2004 *Indiana Statewide Public Transportation Needs Assessment Study*, and the results of the IMPO provider survey.

Demographic Information

Unless otherwise cited, the demographic data presented below is from the U.S. Census Bureau profiles.^{xxiii} Tables F.1 and F.2 in Appendix F contain a complete summary of the demographic statistics for Shelby County.

From 1990 to 2000, Shelby County's population increased 7.8%. During this decade, the number of people 65 years or older increased 7.1%. From 1990 to 2000, the number of people living in poverty in Shelby County rose 12.1%, while the unemployment rate declined 18.6%. From 2000 to 2003, the percent of unemployed individuals in the County rose from 2.6% to 4.3%. The BLS/IDWD posted 2005 unemployment in Shelby County at 5.0% of the population. The U.S. Census reported about 21.4% of the County's population was with a disability. Of those disabled individuals between the ages of 21 and 64, 72.6% were employed in 2000.

76.4% of the people living in Shelby County in 2000 were of working age. 84.0% (N=18,303) of those individuals who commuted to work drove to work alone. 9.6% (N=2,093) carpooled, 0.3% (N=60) used public transportation, 2.2% (N=473) walked, 1.4% (N=312) used other means of transport, and 2.6% (N=556) worked at home. The mean travel time to work was 21.8 minutes. 4.2% of the total population (N=701) reported that they had no access to a vehicle.

Existing Transportation Services

The 2004 *Indiana Statewide Public Transportation Needs Assessment* for Shelby County described 8,747 individuals in the County as either 65 years or older, disabled or non-elderly and low income.^{xxiv} INDOT modeled an estimate of 189,000 public transportation trips needed to meet these populations' transportation needs. The *Needs Assessment Study* listed no public transit provider in Shelby County.

The IMPO identified six transportation providers in Shelby County. Through the telephone survey, the IMPO was able to gather data only from five of the providers. All five providers offer demand response service. Shelby Senior Services Inc. also offers fixed-route service within Shelbyville, in the form of ShelbyGo. Seniors are not required to pay for their services, but Shelby Senior Services Inc. accepts donations.

Two commercial operations, Comfort Keepers and the Yellow Cab Company, deliver transportation services in Shelby County. The Yellow Cab Company, Shelby Senior Services Inc., and Need-A-Lift offer wheelchair paratransit service in Shelby County. The Yellow Cab Company and Shelby Senior Services Inc. also offer transportation to any individual living in Shelby County. The Shelby Senior Services Inc. transportation maintains a connection with ACCESS Johnson County. Both transportation systems permit transfers between their services. They also coordinate with Decatur Catch-a-Ride. They will take seniors without transportation out of the county, for medical purposes only, to any adjacent county.

Three providers offer restricted service in Shelby County. The American Cancer Society provides transportation exclusively to cancer patients for medical purposes only. Comfort Keepers offers transportation services to low-income, Med-Waiver, and Choice Services residents in Shelby County, as well as to those in parts of Marion, Hancock, Rush, Johnson, Bartholomew, Jennings, and Ripley counties. Their services are available only to their registered clients and are incidental to their primary task of delivering homecare services. Additionally, Need-A-Lift only provides medical-related destination transportation. The American Cancer Society and the Shelby Senior Services Inc. transportation services offer fixed schedules limited to Monday through Friday during the day. All other Shelby County transportation services operate on an on-call or volunteer-availability basis.

County Needs

In general during the telephone survey, the providers agreed that there is a need to expand services into the early morning, night, and weekend hours. They also felt that additional wheelchair paratransit vehicles are needed to meet the demand for service. One respondent stated that there is a need for more services that cross county lines, as it currently is too expensive for their organization to travel long distances. A respondent also indicated that there needs to be better efforts made at educating the public about the services currently available.

Approximately 59.5% (N~181) of the households surveyed in Shelby County in 2003 identified the availability of quality public transportation as a problem. Approximately 33.2% (N~101) stated the availability of quality public transportation was not a problem. The remaining

respondents (N~19) either did not answer this question or did not have an opinion on it. Approximately 61.2% (N~186) of households surveyed responded that they think their community under-invests in transportation services. The summary of the 2003 focus group sessions (Cross 2003) contained no documentation of information gathered in Shelby County.

Regional Assessment

Central Indiana is the fastest growing region in the State. Between 1990 and 2000, the population in the eight-county area grew 17.9%. While the number of elderly individuals in the region increased from 138,868 in 1990 to 156,022 in 2000, the overall percent of the population aged 65 years or greater decreased by 0.5%. U.S. Census Bureau data from 2003 indicates that the population of elderly in the region has grown slightly since 2000 (an increase of 0.2%). Poverty and unemployment rates also declined regionally between 1990 and 2000. Since 2000, all eight counties in the region have experienced a rise in poverty and unemployment. Initial statistics for 2006 suggest that unemployment rates appear to be declining gradually in all counties. Tables F.1 and F.2 in Appendix F contain detailed descriptions of the demographic statistics for each county, as well as regional and national comparison figures.

Elderly

The U.S. Census Bureau 2000 Census data serves as the primary source of data for the analysis of elderly individuals in the *Coordinated Plan*. For the first time in the history of the Census, between 1990 and 2000, the nationwide rate of the population aged 65 years or older grew more slowly than the total population grew. Despite this trend, the total population of elderly individuals in every state increased during this period. In Indiana, the number of elderly individuals increased by 56,635 between 1990 and 2000, but the overall rate of the elderly population in the State declined from 12.6 to 12.4. The U.S. Census estimates that the elderly rate will begin increasing again in 2011, when the first of the baby-boomers reach age 65.^{xxv}

In 2000, the elderly population rate in all counties within the Indianapolis region was below the national rate. As of 2000, Marion County contained the largest number of elderly individuals in the eight-county area, while Shelby County had the fewest. Based on total populations, however, Shelby County had the highest rate of elderly for the region and Hamilton County had the lowest rate. Hamilton County also experienced the highest increase of elderly individuals between 1990 and 2000, an expected increase given the growth of the overall population in the County. 2004 data^{xxvi} indicates that the overall rate of elderly in the region is rising slightly, with Hancock County experiencing the highest increase of 0.6%. Projections for the percent of the population aged 65 years or older show a likely increase, as the baby-boomer population continues to age^{xxvii}. Data the Indiana Business Research Center at Indiana University's Kelley School of Business has collected throughout the State shows that, as of 2004, most counties in the region had a modest increase in their elderly rate.

Needs

As the region's elderly population continues to grow, the entire social services system will face new challenges. The elderly will need assistance to remain independent, healthy, and active members of their communities. Convenient and affordable access to medical, social, and commercial services will be essential for meeting the goal of having an elderly population well-integrated in their communities. Transportation services will be needed to aid those who cannot drive themselves to these services. Affordable and accessible transportation services will also encourage individuals to remain in their own homes and to stay active with social groups in their communities, which often are key components in elderly individuals remaining healthy and happy. As the baby-boomers begin to retire, the ratio of active workers to retired individuals will begin to shift. As

more individuals reach 65 years and older, the burden on the smaller population of working individuals to provide assistance for necessary elder services is expected to increase. Communities will need to find ways to maximize limited assistance to meet a greater demand.

The primary identified transportation needs for elderly individuals in the Indianapolis region include:

- Affordable service
- Paratransit service
- Convenient access to transportation services
 - Frequent stop locations, preferably near popular elderly pick-up and drop-off locations (such as senior centers, medical services, and grocery stores)
 - Physical assistance for those individuals who need mobility aid

Disability

The way in which the U.S. Census Bureau reported disability figures changed between 1990 and 2000, making direct comparisons between the two data sets impossible. Additionally, as many agencies define disability differently, and conduct surveys for different purposes, it is problematic to try to compare different data sets when preparing an assessment such as the one needed in this report. The *Coordinated Plan* used only the disability figures produced in the 2000 U.S. Census for this analysis. For the 2000 Census, the U.S. Census Bureau classified those with disabilities as:

Individuals were classified as having a disability if any of the following three conditions was true:

1. They were five years old and over and reported a long-lasting sensory, physical, mental or self-care disability;
2. They were 16 years old and over and reported difficulty going outside the home because of a physical, mental, or emotional condition lasting six months or more; or
3. They were 16 to 64 years old and reported difficulty working at a job or business because of a physical, mental, or emotional condition lasting six months or more.

Disability status was not tabulated for persons in institutions, people in the Armed Forces, and people under five years old. The percentage shown is calculated by dividing the number of persons with a disability by the number of civilian non-institutionalized persons five years old and over.

Information on disabilities is an estimate derived from responses to the U.S. Census long form, which approximately one in every six households received.

Nationwide, disability rates show approximately 20% of the population reporting themselves as non-institutionalized with a disability. The rate of disability increases among both sexes as individuals age. Overall, the Indianapolis region's disability rate remains below the national rate. However, Boone, Morgan, Marion, and Shelby counties' disability rates are above the national rate. Shelby County has the highest disability rate in the region, and Hamilton County has the lowest. The greatest total number of disabled individuals resides within Marion County. As the U.S. Census Bureau predicts the rate of elderly individuals will begin to rise when the baby-boomers begin to turn 65 years old, an attendant increase in the disability rate may appear.

Additionally, a higher percentage of disabled individuals lived in poverty and had difficulty obtaining employment than those individuals who were not disabled.^{xxviii}

Needs

Disabled individuals share many of the same needs as elderly individuals. The Federal government recognizes that those disabled individuals who are able to live independent lives generally will be happier, healthier, more active members of their communities. In order for disabled individuals to remain independent (that is, non-institutionalized), affordable, easy to access transportation is necessary. Transportation services that connect institutionalized individuals to broader society will enhance the quality of life for these people. Accordingly, transportation services for the disabled should focus on connecting disabled individuals with work, social, medical, and commercial services. In particular, access to work should be an important goal for transportation services targeting disabled populations. While recent trends show an increased number of disabled individuals actively employed, a higher percentage of the disabled remain unemployed and at greater risk for living in poverty. Paratransit services are key for disabled transportation, as many disabled individuals face special mobility challenges.

The primary identified transportation services for disabled individuals are:

- Affordable service
- Paratransit service
- Special assistance for rides
 - Discounts for aide-workers to ride with clients
 - On-board aide-workers to offer assistance to those in need
- Access to jobs
- Convenient access to transportation services, including frequent stop locations, preferably near popular or high-density disabled pick-up and drop-off locations (such as independent living centers, medical services, and grocery stores)

Poverty and Unemployment

The IMPO grouped poverty and unemployment together for this analysis, as there are many significant overlaps in the needs for these two populations. Often, those living in poverty are unemployed or work at jobs that pay insufficient salaries to meet an individual's or family's basic needs.

Poverty

U.S. Census measures of poverty consider the relationship of unrelated individual or family incomes to the poverty thresholds (income levels) established in the OMB Statistical Policy Directive¹⁴. The amount of income set as the threshold for poverty varies by family size. The poverty thresholds the U.S. Census used in the 2000 Census appear in the U.S. Census Bureau Census 2000 Brief on Poverty^{xxix}, and are shown in Appendix A.1. For the *Coordinated Plan*, the IMPO used the total number of people listed in each county as living below the poverty level. This figure represents the total number of people, listed as either an unrelated individual or a family, living below the poverty threshold.

Incomes reported to the 2000 Census (1999 incomes) showed an overall nationwide decline in the number of people living in poverty in the United States from 1990 to 2000. Poverty levels varied across geographical area, though, with some areas showing higher poverty levels than others. Data collected in 2003

indicates that the poverty level throughout the Indianapolis region is on the rise again, with the regional average at 6.9%.^{xxx} 2003 data shows that, with the exception of Boone County, all counties in the region have met or exceeded the poverty levels recorded in 1990. Marion County had the highest level of poverty for the region, and met the national average of 12.5%. All other counties were below the national average rate. In 2003, Hamilton County had the lowest rate at 3.6%.

Unemployment

The IMPO utilized several sources of data in order to have the most current estimates on unemployment in the region. There likely is some variation between sources in the way data was collected. The U.S. Census Bureau identifies the labor force as all civilian individuals age 16 years or older who were at work or held a job (but were not currently at work). The U.S. Census Bureau also includes U.S. Armed Forces members in their estimate. Unemployed individuals were civilians who reported during the survey that they did not have a job or were waiting to be called back to job from which they had been laid off.^{xxxi} The BLS calculates the official employment and unemployment figures monthly. While the definitions of “employed” and “unemployed” do not vary significantly between the U.S. Census Bureau and the BLS, their methodologies vary. The U.S. Census collects data on employment less frequently and less intensively, relying primarily on response to a general mailer. The BLS conducts a more in-depth survey utilizing personal interviews. As a result of the different methodologies, the BLS generally produces lower employment and higher unemployment estimates than the U.S. Census Bureau (U.S. Census Bureau, 2003: 3). The U.S. Census Bureau produced the estimates used in the *Coordinated Plan* for 1990, 2000, and 2003. IMPO used BLS data for the 2005 and 2006 estimates.

In 2000, the Midwest had the lowest unemployment rate in the nation (5.1%), below the national average of 5.8%. Indiana’s statewide unemployment rate was 4.9% at this time (U.S. Census Bureau, 2003: 2). The Indianapolis region’s unemployment rate in 2000 (2.3%) was well below the statewide rate. Marion County retained the highest rate at 2.9% and Hendricks County had the lowest rate at 1.1%. With the exception of Boone County (whose unemployment rate increased by 0.1%) and Marion County (whose unemployment rate remained constant), all counties in the Indianapolis region saw a decline in unemployment between 1990 and 2000. More recent data shows that this decline has reversed.

2003 unemployment data indicated a sharp increase in unemployment throughout the region. The rate at which unemployment increased in the eight counties was much more accelerated than the national rate of increase^{xxxii}. Unemployment in the counties appears to have peaked in 2005, as initial data from 2006 shows a gradual decline. 2006 estimates remain at or above the 2003 levels. Marion County still has the highest unemployment rate in the region, at 5.0%. So far, Hancock, Marion, Morgan, and Shelby counties’ unemployment rates remain above the national average in 2006.

Considerable research has been conducted to analyze the state of employment in the Indianapolis Region. IDWD has prepared projections for the ten jobs expected to grow most in the region from 2002 to 2012. These positions are:

- Combined Food Preparation and Serving Workers, including Fast Food;
- Registered Nurses;
- Waiters and Waitresses;
- Truck Drivers, Heavy and Tractor-Trailer;
- Receptionists and Information Clerks;
- Customer Service Representatives;
- Janitors and Cleaners, Except Maids and Housekeeping Cleaners;
- Medical Assistants;
- Nursing Aides, Orderlies, and Attendants; and
- Teacher Assistants.^{xxxiii}

In the same publication, the IDWD listed the major employers in the region. These employers were:

- Eli Lilly and Company;
- Indiana University-Purdue University of Indianapolis;
- Clarion Health Partners Inc.;
- St. Vincent Hospital and Health;
- Indiana University School of Medicine;
- General Motors Corporation;
- Methodist Hospital;
- St. Francis Hospital and Health;
- Rolls-Royce Corporation; and
- Consecro.

Further IDWD research indicates that while manufacturing is still the number one industry in the region, currently (2005-2007) the greatest job shortages are in the occupations of Freight, Stock or Material Movers; Truck Drivers, Heavy and Tractor-Trailer; Registered Nurses; and Inspectors, Testers, Sorters, Samplers, and Weighers^{xxxiv}. BLS/IDWD predicts employment in the region will to continue diversifying away from manufacturing, into an economy based on multiple employers, such as professional and service industries. The Indiana Private Industry Council (IPIC) supports these projections. A challenge for the region is to ensure that the jobs that replace higher paying, benefited manufacturing jobs offer the same financial opportunities. Currently, retail and sales jobs do not offer competitive salaries or benefit packages. Additionally, those workers leaving the manufacturing industry, or entering the workforce for the first time, may need to learn new skills and technologies to compete for and retain higher paying positions in the medical, technology, and professional sectors. As such, access to affordable training will continue to be an important component for individuals to gain and keep employment, as well as help people move out of poverty.

Needs

Individuals living in poverty face slightly different challenges than the elderly and disabled, though many elderly and disabled individuals also live in poverty. For many living in poverty, access to support services is a key issue. Individuals and families need to be able to get to housing shelters, food pantries, government support offices (such as Medicaid offices), medical facilities, and childcare

support centers. These services help individuals meet their daily needs for food, shelter, and medical care, but the best likelihood for an individual or family to rise out of poverty is by increasing their overall income potential. So while transportation services for low-income individuals must offer reliable transportation to these destinations, in order to help individuals rise out of poverty there also must be a means for them to reach employment and job training centers.

Marion County has the highest levels of poverty and unemployment for the Indianapolis region. As job opportunities continue to migrate away from the city center and into suburban communities, workers' ability to commute daily to new employment centers will increase in importance. Job-related public transportation routes must be consistent and reliable in order for people to effectively reach workplaces and maintain employment. Given data on existing workforce shortages in medical, technology, and service industries, as well as projections for those employment sectors that will grow the most in the next five years, workers will also need to be adequately trained in the use of technologies, communication skills, and other specialized schools. Public transportation must offer affordable access to local training facilities, such as vocational schools, as well as regional training centers.

The primary identified transportation services for individuals living in poverty or the unemployed include:

- Affordable transportation service
- Convenient access to transportation services, including frequent stop locations, preferably near popular or high-density pick-up and drop-off locations, such as
 - Low-income housing centers,
 - Employment placement and training centers,
 - Government social service support centers,
 - Food pantries,
 - Housing shelters,
 - Medical services, and
 - Childcare services
- Reliable Access to jobs

Section 4. Strategies to Address Service Gaps

The goal of the *Coordinated Plan* is to help structure unified, region-wide transportation services. Individual county information provides the data for the regional overview. As such, needs must be established on both the county level and on a regional level. Depending on the scale of the assessment and the geographical unit, different challenges appear. For example, more individual elderly people live in Marion County, but this does not mean that a comparable bulk of funding for elderly transportation services should go to Marion County. Grant funding decisionmakers must consider the existing services as well as the needs for the entire region. Marion County currently has the highest level of public transportation available in the eight-county area. The services in Marion County provide the greatest reliability, consistency, and geographical coverage of all the counties. Additionally, Marion County has a higher number of transportation service providers than any other county in the region. In comparison, the other counties in the region have a much lower number of elderly residents, but they also have less frequent services with less fixed routes and more limited destinations. This is not to suggest that the transportation needs for the elderly, disabled, and low-income residents of Marion County are being adequately met with the current services provided, just that they may currently have the most options available to them among all the counties.

The regional transportation needs for elderly, low-income or disabled individuals, outlined in Chapter 3, can be summarized as follows:

- Improve Affordability of Transportation Service;
- Improve Paratransit Transportation Service;
- Improve Convenience for Accessing Transportation Services;
- Improve Scheduling and Routing of Transportation Service for Accessing Human Services; and
- Improve Utility for Accessing Jobs.

Appendix G, Table G.1 illustrates the transportation service providers identified for each county during the IMPO's 2006 telephone survey. Improved paratransit service and enhanced intercounty connections were the most frequently identified needs among the providers contacted. The next most frequently identified problem with existing service was the limited hours many services currently operate. The remaining concerns expressed varied only slightly in their frequency. The following sections present an overview of the primary gaps service providers and the public identified in current transportation services throughout the region. The three most frequently voiced concerns are addressed separately, while the remaining concerns are discussed in one section. Each section includes suggested strategies to address the service gap. These strategies are summarized at the end of this section.

Service Gap 1. Insufficient Paratransit Service

Overall, providers felt that there are not enough paratransit vehicles in service, that the public transportation opportunities for limited-mobility clientele are too limited (such as services that are only offered for medical trips), that paratransit service costs too much (for the provider as well as the rider), that existing paratransit vehicles are structurally insufficient to accommodate the size and weight of many modern wheelchairs and wheelchair-bound clientele, and that aide workers are needed to ride on vehicles to provide additional assistance to individuals with limited mobility (in leaving and entering their homes, carrying items, and boarding and leaving the vehicles). Only Hamilton County providers did not specifically highlight paratransit services as a weakness in their currently available transportation

services. This may be explained by the fact that Hamilton County has the lowest percentage of elderly individuals living in any of the Indianapolis region counties. Despite having the lowest rate of elderly individuals, Hamilton County experienced the greatest increase in elderly individuals residing in any county in the region from 1990 to 2000. A greater demand for paratransit services may become apparent in the near future if this trend continues.

Adding more paratransit vehicles to existing services may address many of the identified problems. A greater number of paratransit vehicles in service will allow providers to increase the frequency of service, reach a greater number of destinations, and expand services for non-medical trip destinations. Services enhanced in this way will be important for addressing the overall concern of enhancing disabled individuals' ability to reach employment opportunities and other community involvement activities, thereby increasing their independence. The increased ridership that may result from improved paratransit service may help offset the high expense of paratransit services if there are larger amounts of fare receipts collected.

Another opportunity to try to reduce the cost of paratransit services is to better coordinate those services that are currently available. Service providers may consider forming new partnerships with other social service and transportation providers throughout the region. Agreements may focus on pooling funding, maximizing vehicles on the road through vehicle-sharing or staff-sharing, coordinating service routes to eliminate redundancy in service and fill identified gaps in service areas, or combining administrative and scheduling services to reduce overhead costs. Non-traditional partnerships may also enhance paratransit service, such as forming partnerships with major medical facilities to schedule transportation services when medical appointments are made. This example illustrates how providers may begin to help disabled individuals ensure transportation will be available for necessary trips well in advance, thereby avoiding the possibility that the limited number of rides available will be booked at the time of an appointment and helping providers anticipate demand.

Projects developed to meet this need may apply for any of the three involved FTA grant programs, depending on how the project is structured. Section 5310 program funds may be used to fund projects designed to improve mobility for elderly and disabled individuals. New services targeted at providing enhanced mobility for disabled individuals that go beyond ADA requirements, such as the hiring of aide workers to provide additional assistance to disabled individuals, may qualify for New Freedom funding. The addition of new paratransit vehicles for public transportation intended to enhance low-income disabled individuals' ability to access jobs or job training also may qualify for JARC Program funds. See Section 1 for a more in-depth description of the separate grant programs and their eligible expenses.

RECOMMENDED STRATEGIES

- Purchasing new paratransit vehicles, particularly those capable of handling large wheelchairs;
- Hiring of aide workers to travel on vehicles and provide additional assistance to those with limited mobility;
- Expanding offer of paratransit service beyond medical destination only; and
- Developing new partnerships through cooperative agreements or contracts to maximize resources, as well as reduce redundancy in services and downtime for needed resources (such as vehicles that are not in full use).

Service Gap 2. Insufficient Intercounty Connections

At least one provider in all counties in the region, except for Marion County, expressed a need for intercounty connections. A number of providers receive requests for trips to medical services located in other counties, particularly to Marion County, as well as requests for reliable job-related transportation.

The counties surrounding Marion County often find residents requesting service into Marion County specifically to go to Indianapolis. Indianapolis contains a high number of specialized destinations for the region. In particular, the hospitals in Indianapolis offer services that are not always available in other counties. Those providers that operate in the counties outside of Marion County that can afford to will take people into Indianapolis. Often these trips are restricted to medical trips only.

Specialty stores, entertainment venues, museums, and recreational centers also offer opportunities unique to Indianapolis for people to participate in social activities.

People who chose to commute to Indianapolis for work also are beginning to seek more public transportation alternatives, as the cost of gasoline continues to increase. As part of their 2004 assessment of the region's workforce, IPIC charted the top five commuting patterns in the region. They based this assessment on data the U.S. Census Bureau collected. A copy of this chart appears in Table 4.1 (from IPIC 2004:33).

Table 4.1 Top 5 Commuting Patterns in 2000					
From Place to Marion Co.:			From Marion Co. to Place:		
Place	Number	Percent	Place	Number	Percent
All Areas*	177,057	32.5%	All Areas*	47,684	11.5%
Hamilton Co.	13,782	7.9%	Hamilton Co.	24,857	6.0%
Johnson Co.	43,152	5.2%	Johnson Co.	8,855	2.1%
Hendricks Co.	28,594	5.2%	Hancock Co.	2,309	0.6%
Hancock Co.	28,410	2.6%	Boone Co.	2,006	0.5%
Morgan Co.	13,995	2.5%	Madison Co.	1,407	0.3%
*All Areas" categorization excludes Marion County in its totals					
Table 15			Source: U.S. Census Bureau		

As the chart demonstrates, over 55% of the working population in the region commutes into Marion County. As there currently is no efficient and reliable means of public transportation connecting the outer counties to Marion County, many people must rely on private transportation. Those individuals residing in the outer counties without access to a personal vehicle are precluded from obtaining employment in the central city. While there is less specifically expressed demand for transportation from within Marion County to the remainder of the region, there is a particular opportunity for improving job access for low-income residents of Marion County by enhancing the linkages between Marion County and other county transportation providers (see Section 1 summary of the JARC Program for a brief overview of previous JARC funded projects in the Indianapolis Region). While the majority of jobs in the region remain inside Marion County, recent growth in employment has been

concentrated in the suburban communities (IPIC 2004: 33). As businesses continue to locate in the growing suburban communities, it is likely that the commuting pattern for individuals leaving Marion County daily for work will continue to increase and diversify throughout the outer counties.

Providers cited several factors for why they do not travel routinely outside of limited service areas. First, it is not cost-effective to make trips outside of their service area. The extra fuel and the wear and tear on vehicles is an increased cost for long-distance trips. Often the low volume of riders for the longer trips, especially to specialized locations (such as a doctor's office), result in providers expending larger sums of money on fewer individuals. A second problem is the time vehicles will not be able to service their scheduled areas when they make trips out of their service areas. In many cases, medical trips to out-of-county destinations require the drivers to wait for the riders to complete their appointments and then drive them back home. This means that the vehicle not only is effectively out of general service during the travel time, but also out of service during the wait time. Again, if there are only a small number of individuals being taken on long trips, these are times when vehicles will be devoted to providing service to fewer people for an extended period. Finally, some providers who operate in restricted boundaries are prohibited from leaving their service areas. Those services that are primarily funded by or are organizationally housed within a local government may be prohibited from traveling outside their service area or using their service for non-county or non-city residents.

As in the first service gap, the addition of new vehicles may help providers offer new intercounty public transportation. The use of additional vehicles to travel to other counties will allow the existing vehicles in operation to focus on delivering service within established service areas, thereby preventing a lessening of their original charter service. However, in order to provide trips in additional vehicles, the providers will have to increase or reorganize their existing staff. Perhaps the best option for developing intercounty service will be the creation of new partnerships with other service providers in the region.

In order to deliver effective intercounty service, providers must be able to not only transport an individual into another county. They must also ensure that there are means available for that person to effectively reach their desired destination within the other county. Some direct, express routes may be established to transport individuals to popular destinations, such as employment parks or medical facilities. A few providers in the region have experimented with establishing transfer points to other service providers' routes in different counties. These providers either meet at a scheduled location convenient to both providers and wait for the other to arrive and pick-up the individual, or arrange their own service to coincide with an established stop for another service. A potential downside to these types of arrangements is the possibility for vehicle and driver downtime while one service's vehicle waits for the other service's vehicle to arrive if they are using an "unofficial" transfer point. Unless sufficient amenities are offered at these transfers, such as bus shelters, providers will be unable to leave a rider before the other vehicle arrives. Complications such as these may be addressed in service agreements or contracts that stipulate transfer locations, timing, and facilities. Such agreements and contracts should also consider any necessary pooling of finances and resources to provide sufficient communication between vehicles and any stop amenities the services chose to implement (for example, signage or passenger shelters). If there are jurisdictional restrictions, local government officials (potentially including legal or accounting counsels) must be included in the development and implementation of any cooperative agreements and contracts. Local governmental action may be required to permit government-sponsored transportation providers to travel out of set jurisdictions.

As in Service Gap 1, projects that aim to address Service Gap 2, by improving intercounty connections on public transportation services that target the needs of the elderly, disabled or low-income individuals, may qualify for funding under the Section 5310, JARC, and New Freedom programs, depending on how the project is structured. Projects with goals to improve elderly or disabled individuals' abilities to access necessary services in different counties may qualify for funding under Section 5310. Those projects that seek to improve disabled individuals' mobility in ways that extend beyond ADA requirements, such as sponsoring the creation of new service routes to aid disabled individuals in accessing jobs or extending paratransit service beyond the minimum ¾-mile boundary on existing lines, may qualify for New Freedom Program funds. Projects that help connect low-income individuals to coordinated public transportation in other counties to access jobs or job-related training, may qualify for JARC funds. The establishment of a coordinating body to help structure regional public transportation, such as helping to oversee and manage cooperative agreements among multiple providers, may qualify as eligible expenses under JARC and New Freedom programs as "mobility management" activities.

RECOMMENDED STRATEGIES

- Establishing new intercounty connection lines to take elderly, disabled or low-income individuals to primary service centers (such as medical facilities, government support centers, shopping centers, or social support centers).
- Establishing express or commuter line service targeted for travel during shift changes to high- density employment locations.
- Purchasing new vehicles that will be dedicated for intercounty service for elderly or disabled individuals, or for intercounty commuter service.
- Developing new partnerships through cooperative agreements or contracts to:
 - Maximize resources, as well as reduce redundancy in services and downtime for needed resources (such as vehicles that are not in full use), that will allow for vehicles to be dedicated for intercounty service.
 - Establish service transfers. Establish locations for passenger transfers, coordinate service schedules for transfers, develop fare rates for transfers to other services.
 - Establish employee express lines, potentially with subsidized fares, employee incentives for using public transportation, and shuttle services to distribute employees from central drop-off locations to workplaces.
- Building new bus stops for transfer points with shelters and posted scheduling information.
- Establishing a regional coordination agency responsible for overseeing intercounty connections among various transportation and service providers, as well as coordinate with social service providers, medical facilities, and employers for sponsorship of intercounty services.

Service Gap 3. Insufficient Operating Hours

Providers in five of the eight counties surveyed (all but Hancock, Hendricks, and Marion) stated that they believed their current hours of operation were insufficient to meet their riders' needs^{xxxv}. As the majority of the providers do not offer early morning, late evening/night or weekend service, elderly, low-income, and disabled individuals requiring public transportation during those times must find alternative transportation or not travel. The providers indicated that the most commonly cited need for public transportation during off-hours is to access medical appointments or jobs.

The greatest obstacle many providers face in trying to expand their hours of operation is the cost of service. Currently, providers do not have enough money to keep vehicles, and salaried drivers, in service during off-hours. Those services that rely on volunteer drivers also find it a challenge to get volunteers to work during the early mornings, evenings, and on weekends. Additionally, not all providers have a high enough demand for off-hour service to make offering it cost-efficient. While demand may increase when the service is offered, providers would be forced to bear the cost for a limited number of people until ridership picked up. Adding off-hour services, however, likely would improve the lives of many elderly, disabled, and low-income individuals. In particular, the addition of services that run in the evenings may improve people's ability to reach jobs during normal business hours and for evening work shifts.

Perhaps the best alternative to address the need for off-hour public transportation in the region is to develop projects seeking funds specifically to expand hours. As Section 5310 funds in this region are intended for the purchase of new vehicles, it is unlikely that an application for a Section 5310 grant to expand service hours with grant funds would be approved. New Freedom and JARC program funds may be used for such projects, depending on the project focus. Applications may be made to the New Freedom Program for projects that extend service hours into off-hours if those projects are intended to improve disabled individuals ability to access medical services, social services, commercial operations, or jobs. Projects designed to offer transportation to low-income individuals to access jobs or job-related training during off-hours may be eligible for JARC Program funds. This would potentially include the addition of evening or weekend employee express routes. Providers may also consider developing cooperative agreements or contracts with other entities to share service areas in order to maximize resources and expand hours. It may be possible for one service to expand their coverage into another service's areas during normal operating hours, freeing the other service's vehicles and drivers to cover the combined area during off-hours.

RECOMMENDED STRATEGIES

- Expanding operating hours into the early morning, evenings/nights, and weekends;
- Developing new partnerships through cooperative agreements or contracts to share resources in order to have enough vehicles and drivers to offer off-hour service; and
- Create new express routes to access heavy demand locations during routine scheduled times in the off-hours (such as employee express routes to employment centers during shift changes).

Service Gap 4. Miscellaneous Insufficiencies

The remaining identified service gaps will be discussed individually within this section. Providers identified these gaps with less frequency during the interviews, suggesting that they are either more isolated problems specific to an individual county, or are less significant for providers than the three gaps discussed above.

Service Gap 4.1 Insufficient Flexibility for Use of Existing Service

Providers and Hendricks and Johnson County stated that restricted services (such as those only available for the elderly or to transport people to medical appointments) must be opened up. Through the region, providers commented that they receive requests for service that they cannot provide, either because they do not have the resources to do so or because these requests fall outside of the service they are authorized to provide. Several providers contacted offer service only to targeted populations, such as the elderly, cancer patients or residents of a specific county, township or city. Those

providers with more narrow, non-transportation missions, such as the American Cancer Society, likely will not choose to diversify their transportation services since doing so would detract from their mandated missions. Providers who wish to diversify their transportation services have several options available to them that may be eligible for FTA funding assistance.

Providers may consider requesting funding under Section 5310 for new vehicles in order to increase their services capacity to transport the elderly and disabled. This could include improving the frequency of services, allowing transport to non-medical destinations (in addition to medical destinations) or delivering service into new areas. New Freedom funds may be used for projects to add new vehicles or offset increased operating expenses for expanding senior transportation to include the disabled. Additional project goals may be to broaden service destinations for disabled individuals or create new service routes from assisted living centers. Projects designed to add new vehicles, expand existing services (for person eligibility and trip type) or broaden service areas to encompass employment centers for the transport of low-income individuals to jobs or job-related training may be eligible for JARC Program funds. New Freedom and JARC program funds for operating expenses also may be eligible for assistance for voucher programs targeted to disabled or low-income individuals for existing or new services.

RECOMMENDED STRATEGIES

- Purchasing new vehicles to provide:
 - New service for elderly, disabled or low-income individuals previously not permitted to use existing service,
 - New routes to diverse destinations (medical and non-medical) and to broaden service area;
- Creating new voucher programs to subsidize the cost of service for previously excluded populations; and
- Establishing cooperative agreements or contracts among service providers to:
 - Share resources in order to ensure more elderly, disabled or low-income people have access to public transportation
 - Combine service areas to broaden destinations,
 - Eliminate redundancies in service in order to make additional resources available to expand existing services.

Service Gap 4.2. Insufficient Service Frequency

In two counties (Johnson and Marion), providers listed the frequency of their service as a problem for riders. In Johnson County, ACCESS Johnson County's problem with the frequency of service is related to people's need for public transportation to access jobs. The intervals at which the current service operates are not sufficient to provide enough trips to workplaces in a reasonable amount of time. As a demand response entity, ACCESS Johnson County often picks up multiple individuals with different destinations during one service run. Someone needed to commute to work may not rely on a set schedule to reach their destination. The uncertainty of the time it may take to reach work, as well as the time it takes to reach the multiple pick-up and drop-off points makes the use of the service to access jobs difficult. Users of IndyGo's fixed-route service in Marion County have complained about the amount of time it takes to reach a destination and about how long the interval is between pick-ups at the bus stops. IndyGo's fixed-route system primarily operates as a spoke-and-hub system, requiring riders outside of the city center to travel into the downtown core to transfer to

another line to get to a different quadrant of the system. This extends commuting time for many individuals, for some to the extent that using the system becomes impractical. Additionally, the long interval between buses arriving at stops (varying between 15 to 60 minutes) to some extent limits flexibility in people's schedules. It is possible that if someone using the service misses the normal time they catch the bus, they may have to find alternative transportation in order to avoid being as much as an hour late in arriving at their destination.

The most practical way to improve the frequency of public transportation service is to add new vehicles to the service fleet. This would allow providers to reduce the amount of time between buses arriving at stops. In fixed-route systems, providers may also consider shifting vehicles from underutilized lines to those with greater demand. Providers must ensure that they are not lessening service unfairly along lines from which they remove vehicles if they chose this option. Other possible solutions to this challenge are to reconfigure fixed-route systems to eliminate the length of lines or the location of transfer points, as well as developing new cooperative agreements among providers to share resources and eliminate redundancies.

Projects intended to improve the frequency of service may apply for funds under the Section 5310, New Freedom or JARC programs, depending on the project's focus. In Indiana, Section 5310 funds are used to improve public transportation service for the elderly and disabled individuals through the acquisition of new vehicles. Projects targeted to improving service for these populations by adding new vehicles to fleets may qualify for Section 5310 Program funds. Similar projects aimed at improving service for disabled individuals in ways that exceed the ADA requirements would qualify for New Freedom Program funds. JARC Program funds may be eligible for purchasing new vehicles if it is shown that their addition to existing fleets, the creation of new services, or the development of new partnerships will improve low-income individuals' ability to access jobs or job-training. Lessening the interval between vehicle arrivals for services to work sites scheduled around shift changes is an example of such a JARC-eligible improvement.

RECOMMENDED STRATEGIES

- Adding new vehicles to the service fleet to decrease the length of time between vehicles reaching destinations;
- Developing new partnerships through cooperative agreements or contracts to share resources in order to maximize the number of vehicles and drivers operating in areas and reduce potential redundancy in coverage; and
- Reallocating existing resources (vehicles and drivers, changing routes) to provider heavier coverage in areas with high demand for public transportation.

Service Gap 4.3. Insufficient for Job Access Use

Providers in Boone and Hancock counties (Boone County Senior Services and the American Red Cross of Greater Indianapolis—Hancock County Chapter) emphasized that existing services cannot meet the demand for job-related trips in their counties. The American Red Cross offers demand-response transportation for medical trips only. They receive requests for transportation to other destinations, including work trips, but cannot provide it. Boone County Senior Service offers demand-response public transportation to all Boone County residents. They will provide transportation for work-related trips, but the demand for this service must be balanced against the total amount of trips the provider can offer and the demand for other trip types (such as trips

to medical destinations). As more individuals begin reserving trips for work commutes on a daily basis, demand-response providers will begin to be unable to keep up with requests for other trip types. Additionally, there are scheduling difficulties for work-related trips for demand-response services, as they may not always be able to offer routine, consistently timed trips.

Much of the discussion under Service Gap 2 (see above) relates to the increasing regional need for reliable public transportation for work commuting. Providers may want to consider developing commuting express lines to take people from a central location to concentrated employment centers. The development of cooperative agreements or contracts with employers may aid in reducing the cost of these services, as well as help increase ridership. Additional vehicles may be required to service new routes if service to other populations declines with the dedication of a vehicle to a commuting route. Providers that operate in close proximity to one another also may want to consider establishing cooperative agreements or contracts to share resources and establish transfer points. By creating new service interconnections, providers in one area may be able to assist people in accessing employment in another provider's service area, thereby reducing their need to travel greater distances and have vehicles out of the general service during the commute time.

Depending on how a project is structured, it is possible that it may be eligible for Section 5310, New Freedom or JARC funds. If a provider opts to open their service to the general population and begin offering work commutes in order to address this service gap, they may find themselves increasingly constrained in their ability to provide specialized transportation to the elderly and to disabled individuals. Providers facing this potential situation may consider applying for Section 5310 funds to purchase a new vehicle that would be dedicated to offering transportation for the elderly or disabled. Similarly, New Freedom funds would be available for the purchasing of vehicles to transport disabled individuals, including for work commutes. JARC Program funds may be used to purchase equipment or subsidize operating costs for services that offer special transportation for low-income individuals to access jobs and job-related training, such as an express employee route that connects a low-income housing center to an employment center.

RECOMMENDED STRATEGIES

- Purchasing new vehicles to provide:
 - Express routes to employment centers
 - Augment service for the elderly and disabled so existing service may be redirected to work commutes without disproportionately impacting other sensitive populations;
- Establishing new express routes to employment centers with existing resources or the addition of new vehicles;
- Developing new partnerships through cooperative agreements or contracts with other providers to share resources in order to maximize the number of vehicles and drivers operating in areas and reduce potential redundancy in coverage; and
- Developing new partnerships through cooperative agreements or contracts with employers to offer financial assistance for employee express routes.

Service Gap 4.4 Insufficient Provider Coordination

Two providers highlighted a lack of coordination among existing service providers as a significant hurdle for meeting the needs of the region's elderly, disabled, and low-income populations. The lack of coordination among providers is a recurring theme throughout the discussion on service needs and strategies to address gaps in existing service. Given the scarcity of resources available to provide the needed service, a common recommended strategy throughout this section is to combine services through better coordination.

By developing cooperative agreements and contracts among social service providers, transportation providers, and other stakeholders (such as local governments, employers, housing centers, or medical facilities), providers can structure the sharing of vehicles, staff, and administrative duties. Additionally, combining services potentially may reduce redundancies in service and could increase ridership. As an example, in Marion County, the Wheels to Wellness Program offers transportation assistance to senior citizens within Washington and Pike Townships. Two other providers, Indianapolis Senior Center-Senior Transportation and Elder Source offer transportation to senior citizens in service areas that overlap those for Wheels to Wellness. As of the summer of 2006, Wheels to Wellness will be providing their transportation services through contracts with Senior Transportation and Elder Source. In effect, Wheels to Wellness will be combining their funding with that of the other two providers. As all the service areas already overlapped, they will be minimizing redundancy in service while enhancing the ridership and exposure of the other providers' services. As mentioned in previous sections, service providers may consider establishing agreements or contracts to coordinate services with multiple entities.

Long-Term Strategies

Long-term public transit service development in the Central Indiana region falls under the province of the Central Indiana Regional Transportation Authority (CIRTA), which is currently in startup. The CIRTA plans to examine the regional service issue during 2007. It also plans to hire a "mobility manager" as defined under the federal programs above to coordinate service provision and implement short- and long-term transit improvement plans. This plan endorses the use of FTA 5310, 5316, and 5317 programs to fund the mobility manager position.

Each of the concerns stated above necessarily trace back to a general need for additional funding for transit services, as more funding is necessary to accomplish meeting any of the individual specified needs. As funding levels are fairly well set at this point, it is imperative that the region make the best use of those funds that are known to be available. This *Coordinated Plan* is designed to help structure the best use of U.S. DOT funds by identifying the highest priorities region-wide and developing overall strategies for meeting identified needs.

Appendix A: Poverty Thresholds

Table A. 1 Poverty Thresholds (Annual Dollar Amounts) by Size of Family and Number of Individuals of Related Children Under 18 Years Old 1999

Size of family unit	Weighted average threshold	Related Children under 18 years								
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual) . .	\$8,501									
Under 65 years	8,667	8,667								
65 years and over	7,990	7,990								
Two people	10,869									
Householder under 65 years	11,214	11,156	11,483							
Householder 65 years and over . .	10,075	10,070	11,440							
Three people	13,290	13,032	13,410	13,423						
Four people	17,029	17,184	17,465	16,895	16,954					
Five people	20,127	20,723	21,024	20,380	19,882	19,578				
Six people	22,727	23,835	23,930	23,436	22,964	22,261	21,845			
Seven people	25,912	27,425	27,596	27,006	26,595	25,828	24,934	23,953		
Eight people	28,967	30,673	30,944	30,387	29,899	29,206	28,327	27,412	27,180	
Nine people or more	34,417	36,897	37,076	36,583	36,169	35,489	34,554	33,708	33,499	32,208

Source: U.S. Census Bureau, Census 2000 Brief on Poverty

Appendix B: IMPO Telephone Survey Questionnaire: General Questions

- 1) Service provider**
- 2) Phone number**
- 3) Contact name**
- 4) Type of service provided**
- 5) Population served**
- 6) Area served**
- 7) Operating times**
- 8) Current cost**
- 9) Funding sources**
- 10) Future plans and expansions**
- 11) Interest in federal funds**
- 12) Area needs/demands**
- 13) General notes and observations**
- 14) Email**

Appendix C: Indianapolis Region Services for Transportation of Elderly, Low-Income or Disabled Individuals

County	Service Provider	Area Served
8-county area	American Cancer Society	Marion and surrounding counties
	Need-A-Lift	Marion and surrounding counties
	Yellow Cab Company	Marion and surrounding counties
Boone	ArcRehab Services	Boone and all surrounding Counties
	Boone County Cancer Society	Boone County
	Boone County Senior Services	Boone and all surrounding Counties
	Friendly City Cab	Lebanon, Thorntown, Whitetown
	Wheel-Away Inc.	Unavailable
Hamilton	American Red Cross of Greater Indianapolis, Hamilton Center	Hamilton and Marion County
	Carmel Circle City Cab	North of 56th Street
	Janus Developmental Services--Noblesville Public Transit Service	Noblesville Public Transit serves city limits, pilot program for Hamilton County Express
	Personal Medical Escort	Unavailable
	Prime Life Enrichment, Inc.	No limitation
Hancock	American Red Cross of Greater Indianapolis, Hancock Center	Hancock and surrounding counties
	Hancock County Senior Services	Hancock and surrounding counties
	Independent Residential Living of Central Indiana	Marion, Hancock, and possibly Johnson Counties
Hendricks	American Red Cross of Greater Indianapolis, Hendricks Center	Unavailable
	Faith in Action of Hendricks County	At volunteer driver discretion
	Helping Hand Chauffeur Service	Hendricks and Montgomery counties
	Hendricks County Senior Services	Demand Response county-wide for seniors, fixed route within city-limits of Brownsburg for all others (LINKS Hendricks County)
	Sycamore Services	Parts of Hendricks and Morgan counties for pick up
Johnson	ACCESS Johnson County--Gateway Services	Demand response is county-wide Flexible routes for Greenwood, Whitehead, Franklin, Edinburgh, and Trafalgar
	CARE Transportation (Parr Lance Ambulance Service)	Unavailable
	Franklin Senior Center	Franklin city limits
	Independent Residential Living of Central Indiana	Marion, Hancock, and possibly Johnson Counties
	Johnson County Senior Service	Johnson County. Will transport as far as 30th Street or Community East, as far south as Columbus.
	Medicab	Johnson County line south to the north Clark County Line. From the east 421 to 135 on the west.
	Radiocab of Greenwood	Unavailable
	STAT	Unavailable

County	Service Provider	Area Served
Marion	American Red Cross of Greater Indianapolis, Marion Center	Marion County
	ARS Ambulatory Rental Service	Unavailable
	Bowman Transportation Service	Unavailable
	CARE Ambulance Services	Marion and surrounding counties
	Elder Source	Unavailable
	EMAS (Emergency Ambulance Service)	Unavailable
	ERMS (EZ-Ride)	Unavailable
	Indianapolis Senior Center-Senior Transportation Programs	Marion County
	Independent Residential Living of Central Indiana	Marion, Hancock, and possibly Johnson Counties
	IndyGo	Marion County
	Indy Transit Express	Unavailable
	Little Red Door	within Marion County, to Hamilton County as necessary
	Leukemia & Lymphoma Society- Patient Aid	Unavailable
	Perry Senior Citizens Services	Perry Township, Marion County
	S & R Transportation	Unavailable
	Wheels to Wellness (Jewish Community Outreach Services)	Northwest Washington and Pike Townships, Marion County
Morgan	American Red Cross, Morgan County Service Center	Morgan County
	Coordinated Aging Services for Morgan County - CONNECT Morgan Co. Public Transit (Sycamore Services)	Morgan County
	Martinsville Area Senior Citizens Center	Martinsville
	Mooreville Senior Citizens Center	Mooreville
	Morgantown Area Senior Center	Unavailable
Shelby	Comfort Keepers	Shelby County and parts of Marion, Hancock, Rush, Johnson, Bartholomew, Jennings, Ripley counties
	Shelby Senior Services Inc.	Demand Response county-wide, fixed route within Shelbyville
	Transmed Inc.	Unavailable

"Unavailable" indicates that the IMPO has been unable to confirm information with the service provider as of July 2006

Appendix D: Public Meeting Minutes

MPO CAC MEETING

Thursday, June 22, 2006

3:00 PM-4:05PM

Attendees:

- Becky Allen, Access Johnson County
- Ehren T. Bingaman, Ft. Harrison Reuse Authority
- Jerry Bridges, Madison County COB
- Roscoe Brown, IndyGo
- Alan Bucksot, Janus Delivery Service
- Sandra Bullock, Need-A-Lift
- Stephanie Bush, INDOT
- Theresa Claxton, Federal Highway Administration/ IMPO
- James English, INDOT
- John Holmes, City of Marion County & Hamilton County
- Jon C. Hoy, Need-A-Lift
- Beth Ann Leach, Hendricks County Senior Services
- Karen Luehmann, Gateway Services
- Radsit, CICOA
- Sue Ritz, Boone County Senior Service
- Felicia Robinson, City of Indianapolis/OES
- Brad Schleppi, American Red Cross
- Mike Terry, IndyGo
- Sandy Trent, Helping Hand Chauffer Service
- Joe Whitman, Whitcom
- Heather Souder, IMPO
- Mike Dearing, IMPO
- Philip Roth, IMPO
- Catherine Kostyn, IMPO
- Lawanna Brooks, Blalock & Brown
- Judy Carmichael Brown, Blalock & Brown

Philip Roth, who facilitated the meeting, began by stating that the purpose of this meeting was to discuss the Coordinated of Public Transit-Human Services Transportation Plan for the greater Indianapolis Region.

Congress passed the new Transportation bill (SAFETEA-LU) in August of 2005. This bill established the requirement for a Coordinated Public Transit-Human Services Transportation Plan in order to fund projects under three Federal Transit Administration (FTA) grant funding programs, the Special Needs of Elderly Individuals and Individuals with Disabilities Program (5310), the Job Access and Reverse Commute (JARC) Program (5316), and the New Freedom Program (5317). This Coordinated Plan will help structure transportation services for special needs populations on a regional level and help the designated recipients for each program guide the awarding of individual grants. The Coordinated Plan will identify areas where funds can be used most efficiently, by looking at where the greatest needs are and by determining the existence of any redundant services, and including priorities for the use of the funds. The outcome of the Coordinated Plan is to have a unified transit service system for the region's special needs populations.

Mr. Roth stressed that the Indianapolis Metropolitan Planning Organization (MPO) is a planning entity, not an implementation agency. As such, the MPO is responsible for developing the Coordinated Plan, not managing individual grant programs. The requirement for the Coordinated Plan takes effect in October of this year. All applications awarded funding under these programs after October 1st, 2006 will have to be derived from the Coordinated Plan that is being developed. There are other transit planning initiatives going on in the community, such as IndyGo planning to extend local route service and local bus service in the surrounding communities. There is also a study on a regional rapid transit system. These types of initiatives have an impact on how transit can serve special needs populations, but these plans may take years to become effective. These initiatives may be considered further in the Coordinated Plan.

The Coordinated Plan for the greater Indianapolis region covers an eight-county area, including: Boone County, Hamilton County, Hancock County, Hendricks County, Johnson County, Marion County, Morgan County, and Shelby County.

Overview of Impacted FTA Grant Programs

Section 5310: Special Needs of Elderly Individuals and Individuals with Disabilities Program
Funds under the Section 5310 program may be used to address the special transportation needs of elderly individuals and persons with disabilities. Section 5310 funds primarily are intended for capital projects. The designated recipient for these program funds uses the Section 5310 funds to purchase a vehicle on behalf of a transportation provider, and then leases the vehicle to them to provide the service. Eventually, INDOT turns the vehicle ownership over to the transportation provider. Currently, Section 5310 funds cannot be used for operating expenses. These funds are allocated by formula to the State, based on the State's percentage of elderly and disabled individuals in the population. Annually there are about \$2,000,000 available Indiana. Considering that Central Indiana has about 1/4 of the State's population, it is expected that about 1/4 of the funding in any particular year will go to Central Indiana services. The Section 5310 Program requires a local match for all Federal funds awarded. The Federal share of funds can fund up to 80% of the total costs for the acquisition of vehicles and other allowable capital expenses. The recipient of the grant will need to provide a 20% local match. The recipient may use other non-Federal or non-U.S. Department of Transportation (USDOT) Federal funds that allow for transportation use as their share for the local match. In Indiana, this program is administered by the Indiana Department of Transportation (INDOT) Public Transportation Section. James English, of INDOT, added that Brian Jones, who is responsible for administering the program, was not able to attend the meeting.

Section 5316: Job Access and Reverse Commute (JARC) Program

Funding from this program for job access is intended to help connect low-income individuals to jobs and job training. The reverse commute portion of the program is intended to help provide transportation services to people in inner city areas to access jobs in suburban areas.

Mr. Roth explained that this program pre-dates SAFETEA-LU, but that it used to be a nationally competitive program. IndyGo has been successful in receiving funds since 1999, and continues to make use of funds for a multi-year grant. This program now is a formula-based allocation program. Based on the legislation, it is expected that the Central Indiana region will receive about \$460,000 each year. This program's funds may be used to capital and operating expenses. Like all of these programs, JARC requires a local match of funds. For JARC, Federal funds may be used to fund up to 80% of the total capital costs and up to 50% of total operating costs. The recipient of the grant will need to provide the 20% or 50% local match. The recipient may use other non-Federal or non-USDOT Federal funds that allow for transportation use as their share for the local match. IndyGo will directly administer the JARC program in the greater Indianapolis region. Over the next couple of months, IndyGo will develop application and

program management procedures. Once applications are received, IndyGo and the MPO will evaluate and prioritize them on the basis of the plan. Any organization awarded a JARC grant will enter into a grant agreement with IndyGo to receive those funds.

Mr. Roth asked Roscoe Brown of IndyGo to clarify information on the JARC program. Mr. Brown distributed handouts that gave a description of current JARC program activities. Mr. Brown is the contact person for the JARC program and can be reached via email at rbrown@indygo.net.

Section 5317: New Freedoms Program

The New Freedoms Program is a new program SAFETEA-LU established. Funds from this program may be used to improve transportation services for persons with disabilities. The fundable trip types are not limited to work trips; Mr. Roth explained that the program is intended to fund services that go beyond those required by the Americans with Disabilities Act (ADA). It has the same funding ratio as the JARC Program. Federal funds may be used for up to 80% of capital costs and 50% of operating costs. Currently, there is about \$320,000 available per year for the greater Indianapolis region. IndyGo will also administer this program for the Indianapolis region.

Mike Dearing raised questions about the purpose and the ADA requirements. Mr. Brown responded that the ADA requirement relates to delivering transit services. Currently the ADA requirements for impaired transit services for any fixed route operation, stipulate comparable transit services for those persons with disabilities who cannot use a regular fixed route system. The ADA further requires that a transportation provider offer additional service to disabled individuals for an $\frac{3}{4}$ -mile area along any fixed route. Currently, IndyGo exceeds this minimum requirement by offering transportation to disabled individuals throughout Marion County, regardless of distance from any fixed route. The New Freedoms Program funds may be used to provide service into areas beyond the ADA-required boundary. At this time is absorbing 100% percent of the cost of delivering service to individuals outside of the ADA-required boundary. This is an example of a resource that can help IndyGo's Open Door program, as well as any other entities that can provide that same service or continue to provide services to those individuals requiring services that exceed ADA requirements.

The Planning Process

Mr. Roth explained that the first step in the planning process is to gather data on regional demographics and to prepare an analysis of the potential needs of the targeted populations. The second step is to identify the transportation services that exist around the area and types of services that they offer. The MPO conducted a telephone survey of identified providers throughout the eight counties to solicit this information. The MPO is now at the third step of identifying gaps between the targeted populations' needs and the current services offered. Once the MPO completes this identification, the staff will make a determination regarding categories of projects and which key geographical areas will be given priority in the Coordinated Plan. A CAC attendee voiced concerns about identifying the gaps, and recommended tapping into organizations, such as Senior Services in Bloomington, to determine service needs for persons with disabilities.

Theresa Claxton explained that the INDOT annually prepares a study in which they assess the transit needs of the targeted populations. INDOT used a demand model, based on the population of special needs individuals, to forecast the number of trips that they expect to be needed to meet the demand. They then compared that forecast to the available services.

An attendee asked which funds could be used to match federal funding. Mr. Roth explained that generally federal monies may not be used to match federal money; in particular, other USDOT funds cannot be used as the local match. Mr. Roth added that for this program, non-federal funds and non-USDOT federal funds that permit their use for transportation purposes

may be used as a local match. Roscoe Brown added that with the JARC program other federal funding approved by them may also be used. For example, TANF funding may be used as part of the local match when the services offered involve TANF recipients.

There were many sources used to obtain information on the potential transit needs for the targeted populations in the region, such as the U.S. Census Bureau reports. Entitlement communities have to put together consolidated plans, communities include the City of Indianapolis, Carmel and Greenwood. One primary source the MPO used was the 2004 United Way of Central Indiana's Community Assessment, which included data collected from a combination of telephone surveys and focus group meetings conducted throughout the region; another source of information was the City of Indianapolis' Consolidated Community Development Plan. The United Way of Central Indiana and the Polis Center collaborated on Social Assets Vulnerability Indicators (SAVI) which provides information on welfare recipients, TANF recipients, other types of programs for low-income individuals. The MPO used this data, in combination with Census data, in determining which geographical areas contained high percentages of low-income, elderly, and disabled individuals.

Mr. Roth briefly discussed the distribution of the targeted population in each of the eight counties in the service area. He also reviewed several maps and charts the MPO has produced to illustrate this information. For elderly individuals in the region, Boone County had the highest overall rate, but this rate is declining. Shelby County had the next highest rate, and the remaining counties were in the 9% to 10% range. All of the counties in the study were below the national rate of 12.4%. There was a high spike in poverty in Marion County. Mr. Roth explained that these figures were rates and not actual population figures. Given the high population in Marion County, most of the poverty in the region is concentrated in Marion County. The national poverty rate is the same as the national elderly rate, 12.4 %, and all of the counties are below the national rate. Mr. Roth also discussed the unemployment and disability rates in the counties. Attendees were encouraged to visit the MPO website at www.indympo.org to access the presentation online.

Mr. Roth then discussed some of the information the MPO has been able to gather on the services and needs in the region. Mr. Roth reviewed the service providers identified so far, and some of the needs that service providers have informed the MPO. In Boone County, there are several regional providers, including the American Cancer Society, Yellow Cab Company, and Need-A-Lift. There are also several companies specific to Boone County, including: the Boone County Cancer Society, Boone County Senior Services, and the Friendly City Cab. Hamilton County has some of the same regional providers, such as the American Cancer Society, the American Red Cross, Need-A-Lift, and Yellow Cab. Janus Developmental Services and Prime Life Enrichment Inc also provide transportation services in Hamilton County. An attendee raised a question about the fee for Janus. Alan Bucksot, of Janus Delivery Service, replied that the fee for Noblesville Public Transit, from anywhere in Noblesville to your door service is \$2.50; to anywhere in Hamilton County is \$3.50. The new pilot program is Hamilton County Express.

In addition to regional services, Hancock County also has some County-specific services. There is Hancock County Senior Services, Independent Residential Living of Central Indiana, American Cancer Society, the American Red Cross, Need-A-Lift, and Yellow Cab Company. An attendee reported that Hancock County Senior Services also administers the Public Transit for Hancock County. Hendricks County has the American Cancer Society, CARE Ambulance Services, Faith-in-Action of Hendricks County, Helping Hand Chauffer Service, Hendricks County Senior Link, Need-A-Lift, Sycamore Services, and Yellow Cab Company. An attendee noted that the information on the area serviced by Senior Services-LINK in Hendricks County was incorrect. The handout stated that the area served was demand response countywide for seniors and a fixed route within city limits of Brownsburg. The correct information is demand response is countywide and for the seniors is area wide. There is no fixed route. Johnson County has service provided by ACCESS Johnson County, the American Cancer Society, Franklin Senior Center, Independent Residential Living of Central Indiana, Johnson County Senior Services,

Medicab, Need-A-Lift, and Yellow Cab Company. An attendee stated that Independent Residential living does not operate on a demand response basis, but serves its own clients in assisted housing in their area. In Marion County there the American Cancer Society, American Red Cross, Indianapolis Senior Center, Independent Residential Living, IndyGo, Little Red Door, Leukemia & Lymphoma Society, Need-A-Lift, Perry Senior Citizens Service, Wheels to Wellness, and Yellow Cab Company offer transportation to the targeted populations. Ms. Claxton stated that there are 7 other providers the MPO has not received information on that are not included in this presentation. In Morgan County, the American Cancer Society, American Red Cross, Coordinated Aging Services for Morgan County-CONNECT Morgan County, Martinsville Area Senior Citizens Center, Mooresville Senior Citizens Center, Need-A-Lift, and Yellow Cab Company provide service. The American Cancer Society, Comfort Keepers; Need-A-Lift, Shelby Senior Services Inc., and Yellow Cab Company service Shelby County. An attendee asked if Shelbyville Senior Services could be added to the list. Ms. Claxton acknowledged that request.

Mr. Dearing asked the audience to forward any feedback or information to the MPO so that they could have the best information possible.

Mr. Roth stated that, based on the provider interviews, the MPO had a preliminary pattern of responses of what the needs are across the region. Using a slide, Mr. Roth showed the common responses. The most common responses were improving wheelchair services and adding cross county connections. Other responses were requests for expanding hours, increasing use for job access, increasing service frequency, and expanding service areas. While discussing the existing services for each county, an attendee asked what the source was for determining the needs. Mr. Roth replied that the information was from the feedback they received from the responding service providers.

Strategy Development

Mr. Roth stated that the MPO could not develop strategies until they completely identified all the service gaps. However, the MPO has identified a few potential initial strategies, including coordination of services through provider agreements. Another option is to attempt to create transportation specific organizations to achieve a certain economy of scale for providing services that could then contract with other agencies. On the management side, there may be merits, which are listed in the Central Indiana Regional Transportation Authority (CIRTA) strategic plan, to develop certain transit level of service of standards and to develop a recording system for how well the regional transit system is meeting its standards

Mr. Roth explained that CIRTA is a nine-county body. Mr. Roth noted that Jerry Bridges, a board member of Madison County, was present at the meeting. The job of CIRTA is to plan for and coordinate transit service for the nine-county region. CIRTA will be taking a more active role in structuring transit services. CIRTA was created about 1½ years ago. To date, CIRTA's focus has been on formalizing its membership, developing a strategic plan, developing their first year business plan, and initiating the hiring of staff. Over the next twelve months, CIRTA expects to have conversations on their plans and will public the dates of meetings on the website given earlier.

Mr. Dearing closed by providing an explanation of the Indianapolis Metropolitan Planning Organization (MPO). Every urbanized area, throughout the country, that has a population of 50,000 or more, has a designated MPO. The Indianapolis MPO is the one of thirteen MPOs in Indiana. By federal regulations, the MPO conducts certain activities that allow leveraging federal funds. Such activities include creating a long-range transportation plan and the annual identification of scheduled projects. Every year the MPO puts together a transportation improvement program which defines and shows all transportation improvements planned for the metropolitan planning area. This plan includes all modes of transportation, not just highway improvements. IndyGo projects and INDOT projects are included.

Mr. Roth reviewed contact information; Mr. Roth can be contacted at 327-5149 or proth@indygov.org. Roscoe Brown can be contacted at rbrown@indygo.net, and Brian Jones can be contacted at bjones@indot.in.us.

The meeting ended with MPO Planner Catherine Kostyn, asking attendees to complete a questionnaire to determine what special topics are of interest to attendees for future meetings, as well as preferred meeting days and times. The questionnaire also is available on the MPO website. Mr. Dearing stated that even though this meeting had a specialized topic, everyone is invited to join the CAC permanent list.

The meeting closed at 4:05 p.m.

Appendix E: Coordinated Plan Comment Tracking Sheet

Individuals who participated and provided comments during the Plan development process include the following:

Last Name	First Name	Organization
Adsit	Robert J.	CICOA Aging and In-Home Services
Allen	Becky	ACCESS Johnson County--Gateway Services
Belch	Stephanie	Indiana Department of Transportation, Public Transit Section
Bingham	Julie	Yellow Cab Company
Brement	Barbara	Martinsville Area Senior Citizens Center
Brown, Jr.	Roscoe	Indianapolis Public Transportation Corporation (IndyGo)
Buels	Leveal	Independent Residential Living of Central Indiana, Inc
Cardigan	Brett	ArcRehab Services
Cockrum	Patrick	Sycamore Services
Couse	Rusty	Johnson County Senior Service
Cross	Bob	United Way of Central Indiana
Dunn	Linda	Wheels to Wellness (Jewish Community Outreach Services)
Fox	Harry	Indianapolis Senior Center-Senior Transportation Programs
Fulst	Jennifer	City of Indianapolis, Department of Metropolitan Development, Division of Community Development
Hart	Linda	Hancock County Senior Services
Held	Terri	American Red Cross of Greater Indianapolis, Hancock Center
Herris	Christie	Faith in Action of Hendricks County
Hollibaugh	Mike	City of Carmel, Department of Community Services
Hutchens	Yvonne	Hendricks County Senior Services
Jones	Brian	Indiana Department of Transportation, Public Transit Section
Kuhl	Allisa	American Cancer Society
Louzon	Juanita	Perry Senior Citizens Services
Lucas	Rhonda	Franklin Senior Center
Luehmann	Karen	ACCESS Johnson County--Gateway Services
McGuire	Elaine	Janus Developmental Services--Noblesville Public Transit Service
Miller	Sherry	Mooreville Senior Citizens Center
Murphy	Pat	American Red Cross, Morgan County Service Center
Musser	Andy	Friendly City Cab
Pandak	Diane	Shelby Senior Services Inc.
Ritz	Sue	Boone County Senior Services
Schleppi	Brad	American Red Cross of Greater Indianapolis, Marion Center
Schroeder	Debbie	Morgantown Area Senior Center
Shelby	Deborah	Little Red Door
Stuart	Sandy	Prime Life Enrichment, Inc.
Terry	Mike	Indianapolis Public Transportation Corporation (IndyGo)
Walter	Chris	Medicab
Weatherspoon	Barbara	Leukemia & Lymphoma Society- Patient Aid
Williams	Frankie	Coordinated Aging Services for Morgan County - CONNECT Morgan Co. Public Transit (Sycamore Services)
	Barbara	American Red Cross of Greater Indianapolis, Hamilton Center
	Bob	Radiocab of Greenwood
	Derek	Carmel Circle City Cab

Last Name	First Name	Organization
	Sarah	Need-A-Lift
	Steve	Helping Hand Chauffeur Service
		Boone County Cancer Society
		ARS Ambulatory Rental Service
		Bowman Transportation Service
		CARE Ambulance Services
		Elder Source
		EMAS (Emergency Ambulance Service)
		ERMS (EZ-Ride)
		Comfort Keepers

Appendix F: Demographic Data Summaries

County	Total Population					Elderly			Poverty			Unemployment					Disabled
	1990	2000	Growth	2005 ¹	Growth	1990	2000	2004 ²	1990	2000	2003 ²	1990	2000	2003	2005 ²	2006 ³	2000
Boone	38,147	46,107	20.9	52,061	12.9	12.8	11.8	11.3	6.2	5.2	5.8	1.5	1.6	3.1	4.0	3.4	20.6
Hamilton	108,936	182,740	67.7	240,685	31.7	8.3	7.5	7.5	3.6	2.9	3.6	1.4	1.3	2.5	3.1	2.8	11.7
Hancock	45,527	55,391	21.7	63,138	14	10.4	11.2	11.8	4.4	3.0	5.0	1.9	1.6	3.6	4.2	4.1	17.0
Hendricks	75,717	104,093	37.4	127,483	22.5	9.7	9.7	9.7	3.5	3.6	4.6	1.5	1.1	3.5	3.8	3.5	17.0
Johnson	88,109	115,209	30.8	128,436	11.5	10.6	11.0	11.4	6.7	5.6	7.0	2.0	1.8	3.3	4.2	3.6	18.0
Marion	797,159	860,454	7.9	863,133	0.3	11.6	11.1	11.0	11.8	11.4	12.5	2.9	2.9	4.9	5.6	5.0	20.1
Morgan	55,920	66,689	19.3	69,778	4.6	10.3	10.6	11.0	6.6	6.6	7.8	2.2	1.5	4.1	4.9	4.6	20.0
Shelby	40,307	43,445	7.8	43,766	0.7	12.2	12.2	12.3	7.1	7.6	8.5	2.6	1.9	4.3	5.0	4.3	21.4
Region	1249 K	1474 K	17.9	1588 K	7.8	11.1	10.6	10.8	6.2	5.7	6.9	2.5	2.3	--	--	--	17.0
U.S.	249 M	281 M	13.2	296 M	5.3	12.6	12.4	12.4	13.1	12.4	12.5	4.1	3.7	4.7	5.1	4.6	19.3

Source: U.S. Census Bureau

¹ U.S. Census Bureau estimate

² Bureau of Labor Statistics; Indiana Department of Workforce Development

³ as of May 2006

Appendix G: County Public Transportation Needs Summary

Interest	County							
	Boone	Hamilton	Hancock	Hendricks	Johnson	Marion	Morgan	Shelby
Improve Wheelchair Service ¹	X		X	X	X	X	X	X
Add Intercounty Connection ¹	X	X	X	X	X		X	X
Expand Hours ²	X	X			X		X	X
Expand Service in General		X		X	X			
Increase Service Frequency					X	X		
Increase Use for Job Access	X		X					
Increase Provider Coordination					X	X		
Improve Internal Connections						X		
Public Education								X

Source: 2006 IMPO Telephone Survey

¹ highest request

² second highest request

Endnotes

- ⁱ Federal Register Notice, Vol. 71, No. 50, Wednesday, March 15, 2006, pg. 13458.
- ⁱⁱ FTA Circular Number C 9070.1E, issued 10/01/1998.
- ⁱⁱⁱ Section 5310 Program, Indiana Department of Transportation, Public Transit Section. Contact Brian Jones, Section 5310 Program Manager, bjones@indot.in.us, (317) 232-1493. Also see the INDOT website for the Elderly and Persons with Disabilities Transit Capital Program at http://www.in.gov/dot/modetrans/bus/tran_6.html.
- ^{iv} JARC Program, Indianapolis Public Transportation Corporation (IndyGo). Contact Roscoe Brown, Director of Flexible Services, rbrown@indygo.net, (317) 614-9318.
- ^v STATS Indiana is a service of the Indiana Business Research Center at Indiana University's Kelley School of Business. The Indiana Department of Workforce Development administers this service. STATS Indiana is available on-line at <http://www.stats.indiana.edu/>.
- ^{vi} United Way of Central Indiana, 2004. *2004 Community Assessment*, available on-line at http://www.uwci.org/pdfs/2004_community_assess_M.pdf.
- ^{vii} Indianapolis Private Industry Council, Inc., 2004. *State of the Workforce: IPIC and the Capital Region*, available on-line at <http://www.ipic.org/forcommunity/StateoftheWorkforce2004.pdf>.
Indianapolis Private Industry Council, Inc., 2006. *Industry Transformation: Growth and Change in Advanced Manufacturing in Central Indiana*, available on-line at <http://www.ipic.org/lmi/advvmfrg.pdf>.
Indianapolis Private Industry Council, Inc., 2006. *Industry Transformation: Growth and Change in Motor Sports in Central Indiana*, available on-line at <http://www.ipic.org/lmi/autoandmotor.pdf>.
Indianapolis Private Industry Council, Inc., 2006. *Industry Transformation: Growth and Change in Life Sciences in Central Indiana*, available on-line at <http://www.ipic.org/lmi/lifesciences.pdf>.
2006 Indianapolis Private Industry Council, Inc., 2006. *Industry Transformation: Growth and Change in Logistics in Central Indiana*, available on-line at <http://www.ipic.org/lmi/logistics.pdf>.
Indiana Workforce Development, Research and Analysis Division, 2006. *Strategic Skills Initiative Summary Report: Root Causes of Occupational and Skills Shortages in Indiana*, available on-line at www.in.gov/dwd/employers/SSI/SSI_root_causes_04132006.pdf.
Indiana Workforce Development, Research and Analysis Division, 2006. *Strategic Skills Initiative Summary Report: Occupational and Skills Shortages*, available on-line at www.in.gov/dwd/employers/SSI/shortagesreportstate.pdf.
Strategic Skills Initiative Occupational & Skills Shortage Report Summary, Economic Growth, Region 5—Central Indiana.
- ^{viii} Indiana Department of Transportation, Public Transit Section, 2005. *2004 Annual Report on Indiana Public Transit*. Update and Reprint of *Indiana Statewide Public Transportation Needs Assessment Study*, 1999, prepared for INDOT by Peter Schauer Associates with Patricia Weaver Associates.
- ^{ix} U.S. Census Bureau Fact Sheet for Boone County, Indiana, 2000. Available on-line at http://factfinder.census.gov/servlet/SAFFacts?_event=Search&geo_id=04000US18&_geoContext=01000US%7C04000US18&_street=&_county=Boone+County&_cityTown=Boone+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=040&_submenuId=factsheet_1&ds_name=DEC_2000_SAFF&_ci_nbr=null&qtr_name=null®=null%3Anull&_keyword=&_industry=.
- ^x These figures do not correspond to those currently available from the U.S. Census Bureau. The difference in estimates likely is a result of differences in the U.S. Census Bureau and INDOT definitions and methodology. The *2004 Annual Report on Indiana Public Transit* for Boone County lists 4,870 elderly aged 65 years or older, 960 people with limited mobility, and 2,086 non-elderly individuals with low income. The U.S. Census lists 5,450 individuals aged 65 years or older, 8,668 individuals with disabilities, and 1,901 non-elderly individuals living in poverty. The IMPO included the data from the *2004 Annual Report on Indiana Public Transit* despite the discrepancies with the U.S. Census data as it is the only available source citing demand modeling with estimate numbers of rides needed to meet the needs of these populations.
- ^{xi} U.S. Census Bureau Fact Sheet for Hamilton County, Indiana, 2000. Available on-line at http://factfinder.census.gov/servlet/SAFFacts?_event=Search&geo_id=05000US18011&_geoContext=01000US%7C04000US18%7C05000US18011&_street=&_county=Hamilton+County&_cityTown=Hamilton+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=f

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- [ph&pgsl=050&_submenuId=factsheet_1&ds_name=DEC_2000_SAFF&ci_nbr=null&qname=null®=null%3Anull&keyword=&industry=.](#)
- xii These figures do not correspond to those currently available from the U.S. Census Bureau. The *2004 Annual Report on Indiana Public Transit* for Hamilton County lists 11,100 elderly aged 65 years or older, 2,123 people with limited mobility, and 3,948 non-elderly individuals with low income. The U.S. Census lists 13,659 individuals aged 65 years or older, 19,330 individuals with disabilities, and 4,805 non-elderly individuals living in poverty. These differences likely are the result of different definitions of the categories and counting techniques. The IMPO included the data from the *2004 Annual Report on Indiana Public Transit* despite the discrepancies with the U.S. Census data as it is the only available source citing demand modeling with estimate numbers of rides needed to meet the needs of these populations.
- xiii U.S. Census Bureau Fact Sheet for Hancock County, Indiana, 2000, available on-line at
- xvi These figures do not correspond to those currently available from the U.S. Census Bureau. The *2004 Annual Report on Indiana Public Transit* for Hendricks County lists 8,310 elderly aged 65 years or older, 1,748 people with limited mobility, and 2,340 non-elderly individuals with low income. The U.S. Census lists 10,138 individuals aged 65 years or older, 15,871 individuals with disabilities, and 2,973 non-elderly individuals living in poverty. These differences likely are the result of different definitions of the categories and counting techniques. The IMPO included the data from the *2004 Annual Report on Indiana Public Transit* despite the discrepancies with the U.S. Census data as it is the only available source citing demand modeling with estimate numbers of rides needed to meet the needs of these populations.
- xvii U.S. Census Bureau Fact Sheet for Johnson County, Indiana, 2000, available on-line at

[county& state=04000US18& zip=& lang=en& sse=on&ActiveGeoDiv=geoSelect& useEV=&pctxt=fph
&pgsl=050& submenuId=factsheet_1&ds_name=DEC_2000_SAFF& ci_nbr=null&qtr_name=null®=n
ull%3Anull& keyword=& industry=](http://factfinder.census.gov/servlet/SAFFacts?_event=Search&_geo_id=05000US18097&_geoContext=01000US%7C04000US18%7C05000US18097&_street=&_county=Morgan+County&_cityTown=Morgan+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&submenuId=factsheet_1&ds_name=DEC_2000_SAFF&ci_nbr=null&qtr_name=null®=null%3Anull&keyword=&industry=)

- xx These figures do not correspond to those currently available from the U.S. Census Bureau. The *2004 Annual Report on Indiana Public Transit* for Hamilton County lists 87,410 elderly aged 65 years or older, 26,867 people with limited mobility, and 88,913 non-elderly individuals with low income. The U.S. Census lists 95,534 individuals aged 65 years or older, 157,908 individuals with disabilities, and 88,610 non-elderly individuals living in poverty. These differences likely are the result of different definitions of the categories and counting techniques. The IMPO included the data from the *2004 Annual Report on Indiana Public Transit* despite the discrepancies with the U.S. Census data as it is the only available source citing demand modeling with estimate numbers of rides needed to meet the needs of these populations.
- xxi U.S. Census Bureau Fact Sheet for Morgan County, Indiana, 2000, available on-line at [http://factfinder.census.gov/servlet/SAFFacts?_event=Search&_geo_id=05000US18097&_geoContext=01000US%7C04000US18%7C05000US18097&_street=&_county=Morgan+County&_cityTown=Morgan+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&submenuId=factsheet_1&ds_name=DEC_2000_SAFF&ci_nbr=null&qtr_name=null®=n
ull%3Anull& keyword=& industry=](http://factfinder.census.gov/servlet/SAFFacts?_event=Search&_geo_id=05000US18097&_geoContext=01000US%7C04000US18%7C05000US18097&_street=&_county=Morgan+County&_cityTown=Morgan+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&submenuId=factsheet_1&ds_name=DEC_2000_SAFF&ci_nbr=null&qtr_name=null®=null%3Anull&keyword=&industry=).
- xxii These figures do not correspond to those currently available from the U.S. Census Bureau. The *2004 Annual Report on Indiana Public Transit* for Morgan County lists 6,620 elderly aged 65 years or older, 1,662 people with limited mobility, and 3,276 non-elderly individuals with low income. The U.S. Census lists 7,100 individuals aged 65 years or older, 12,234 individuals with disabilities, and 3,701 non-elderly individuals living in poverty. These differences likely are the result of different definitions of the categories and counting techniques. The IMPO included the data from the *2004 Annual Report on Indiana Public Transit* despite the discrepancies with the U.S. Census data as it is the only available source citing demand modeling with estimate numbers of rides needed to meet the needs of these populations.
- xxiii U.S. Census Bureau Fact Sheet for Shelby County, Indiana, 2000, available on-line at [http://factfinder.census.gov/servlet/SAFFacts?_event=Search&_geo_id=05000US18109&_geoContext=01000US%7C04000US18%7C05000US18109&_street=&_county=Shelby+County&_cityTown=Shelby+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&submenuId=factsheet_1&ds_name=DEC_2000_SAFF&ci_nbr=null&qtr_name=null®=nul
l%3Anull& keyword=& industry=](http://factfinder.census.gov/servlet/SAFFacts?_event=Search&_geo_id=05000US18109&_geoContext=01000US%7C04000US18%7C05000US18109&_street=&_county=Shelby+County&_cityTown=Shelby+County&_state=04000US18&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=050&submenuId=factsheet_1&ds_name=DEC_2000_SAFF&ci_nbr=null&qtr_name=null®=null%3Anull&keyword=&industry=).
- xxiv These figures do not correspond to those currently available from the U.S. Census Bureau. The *2004 Annual Report on Indiana Public Transit* for Johnson County lists 5,030 elderly aged 65 years or older, 1,289 people with limited mobility, and 2,428 non-elderly individuals with low income. The U.S. Census lists 5,279 individuals aged 65 years or older, 8,545 individuals with disabilities, and 2,798 non-elderly individuals living in poverty. These differences likely are the result of different definitions of the categories and counting techniques. The IMPO included the data from the *2004 Annual Report on Indiana Public Transit* despite the discrepancies with the U.S. Census data as it is the only available source citing demand modeling with estimate numbers of rides needed to meet the needs of these populations.
- xxv U.S. Census Bureau, 2003. *The 65 Years and Over Population: 2000*, Census 2000 Brief, available on-line at <http://www.census.gov/prod/2001pubs/c2kbr01-10.pdf>.
- xxvi U.S. Census Bureau State and County QuickFacts, available on-line at <http://quickfacts.census.gov/qfd/>.
- xxvii United Way of Central Indiana, 2004. *2004 Community Assessment*, available on-line at http://www.uwci.org/pdfs/2004_community_assess_M.pdf.
- xxviii U.S. Census Bureau, 2003. *Disability Status: 2000*, Census 2000 Brief, available on-line at <http://www.census.gov/prod/2003pubs/c2kbr-17.pdf>.
- xxix U.S. Census Bureau, 2003. *Poverty: 1999*, Census 2000 Brief, available on-line at <http://www.census.gov/prod/2003pubs/c2kbr-19.pdf>.
- xxx U.S. Bureau of Economic Analysis; U.S. Census Bureau; Indiana Family Social Services Administration; Indiana Department of Education, available on-line from STATS Indiana at <http://www.stats.indiana.edu/index.html>.
- xxxi U.S. Census Bureau, 2003. *Employment Status: 2000*, Census 2000 Brief. Available on-line at <http://www.census.gov/prod/2003pubs/c2kbr-18.pdf>.
- xxxii The national unemployment rate between 2000 and 2003 increased by 27%. During this period, unemployment in Boone County increase by 94%, Hamilton County by 92%, Hancock County by 125%, Hendricks

County by 218%, Johnson County by 83%, Marion County by 69%, Morgan County by 173%, and Shelby County by 126%.

^{xxxiii} Indiana Workforce Development, 2006. Hoosiers by the Numbers: Research and Analysis: Quick Stats-Region 5. Available on-line at <http://www.in.gov/dwd/ra/nav.asp?id=126>.

^{xxxiv} Indiana Workforce Development, June 2006. Indiana Department of Workforce Development Strategic Skills Initiative: Economic Growth, Region 5. In the Strategic Skills Initiative Occupational and Skills Shortage Report Summary: Economic Growth, Region 5—Central Indiana, IDWD defines these key occupations:

“Freight, Stock & Material Movers: Manually move freight, stock or other materials or perform other unskilled general labor. Truck Driver, Heavy or Tractor-Trailer: Drive a tractor-trailer combination or a truck with a capacity of not less than 26,000 GVW, to transport and deliver goods, livestock, or materials in liquid, loose, or packaged form. May be required to unload truck. May require use of automated routing equipment. Registered Nurses: Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Inspector, Tester, Sorter, Sampler, and Weigher: Inspect, test, sort, sample, or weigh nonagricultural raw materials or processed, machined, fabricated, or assembled parts or products for defects, wear, and deviations from specifications. May use precision measuring instruments and complex test equipment. Nurse’s Aide, Orderly, and Attendant: Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens.”

^{xxxv} Most of the providers (N=23) that the IMPO contacted offered service during the day (no earlier than 6:00 a.m. and no later than 6:00 p.m.), Monday through Friday. Seven services operate on call (4 at 24 hours a day, 7 days a week and 3 based on volunteer driver availability). Two providers offer daytime service, Monday through Saturday. One of these services also provides transportation as late as 10:00 p.m. during weekdays. IndyGo is the only provider that offers service seven days a week, including late-night service.